

Name  
in  
Full

Cathrine B Alderton

## CERTIFICATE OF DEATH

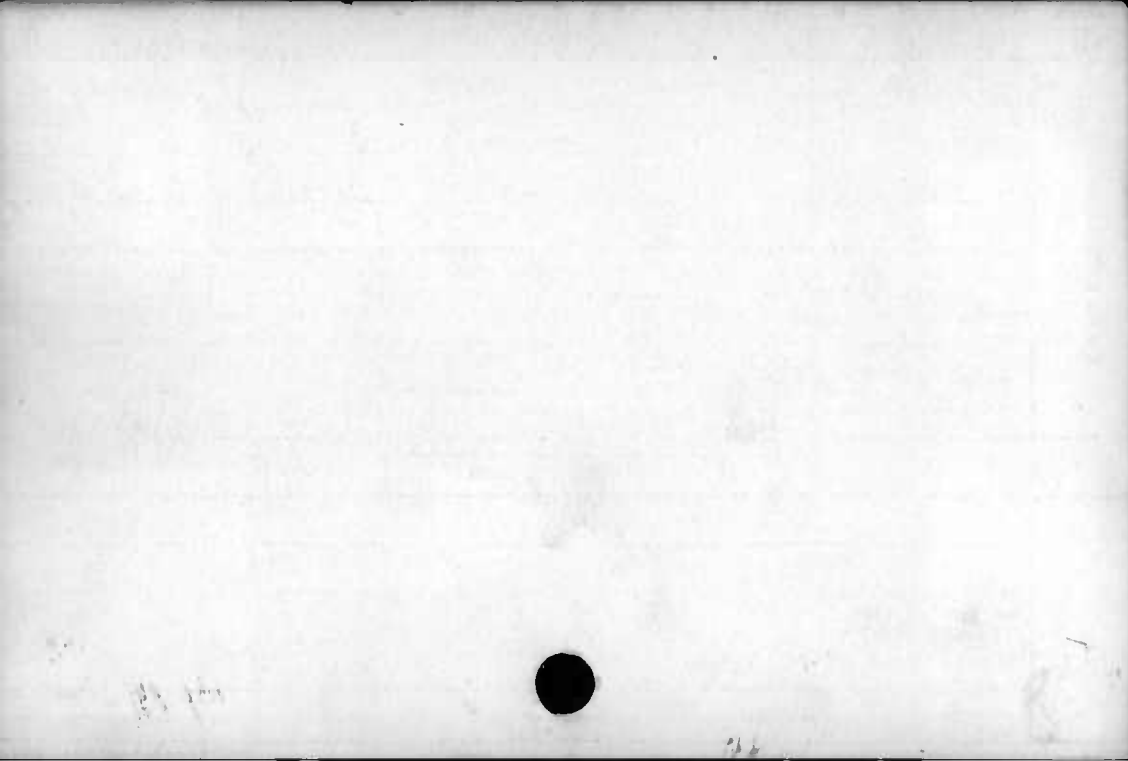
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Green Ridge</i>		Town		County <i>aring</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>Apr</i>	Day <i>29</i>	Age <i>56</i>	Years	Months <i>2</i>	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Allegany Co Md</i>			
Occupation <i>House Keeper</i>				Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>John Alderton</i>					
Father's Name <i>Wm Slider</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Nancy Kifer</i>		Mother's Birthplace <i>Ma</i>					
Name of person giving information <i>Alva Alderton</i>		How related to deceased <i>Son.</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>66</i>	How long
Immediate <i>Paralyzed</i>		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Leo R. Hooker</i>	
<i>stem</i>	Address <i>Alderton Md</i>	
Accident or Suicide?		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

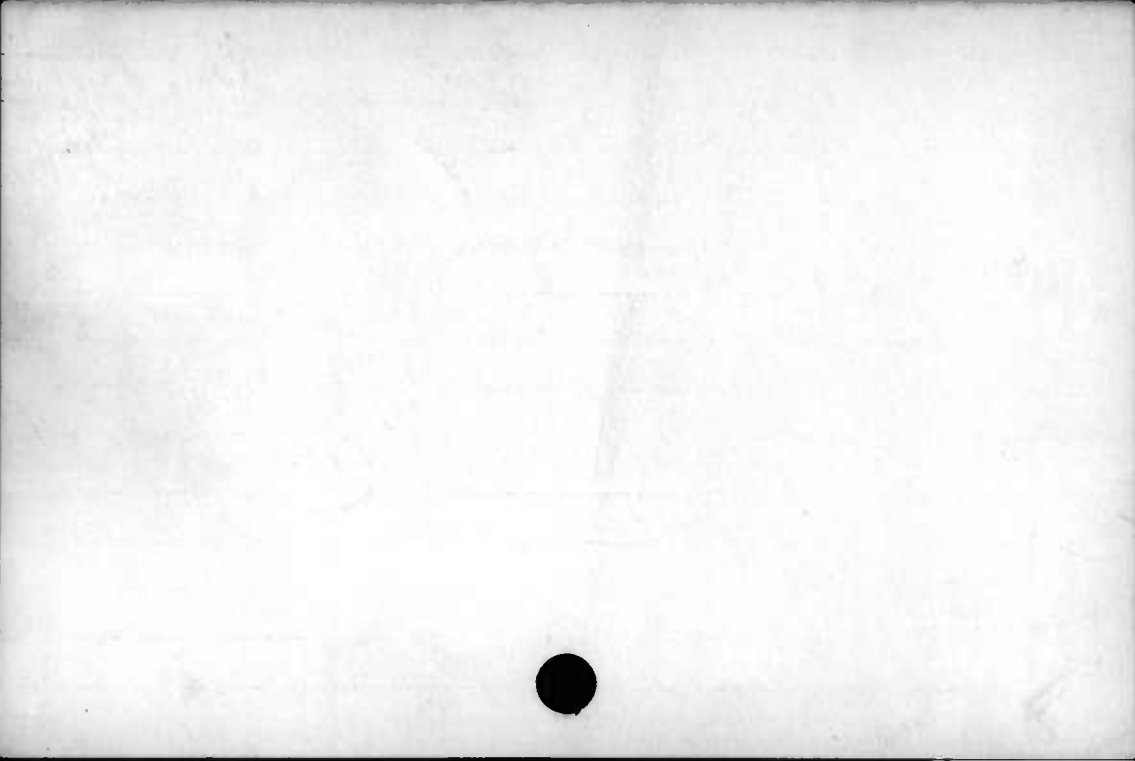
Died at <i>Lonaconing</i>		Town <i>Lonaconing</i>		County <i>Allegheny</i>		State <i>MARYLAND</i>	
Date of death 190	<i>7</i>	Month <i>April</i>	<i>15</i>	Day <i>15</i>	Age <i>15</i>	Years <i>15</i>	Months <i>15</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Lonaconing</i>		Occupation <i>none</i>		
Married, Single or Widowed <i>Single</i>				Name of wife or Husband			
Father's Name <i>Howard Andrews</i>				Father's Birthplace <i>Boston</i>			
Mother's Maiden Name <i>June Waddell</i>				Mother's Birthplace <i>Lonaconing</i>			
Name of person giving information <i>Howard Andrews</i>				How related to deceased <i>father</i>			

## CAUSES OF DEATH

152

PHYSICIAN  
OR CORONER

Primary <i>Primative birth (8 mos)</i>	How long <i>—</i>
Immediate <i>Asphyxia</i>	How long <i>Suddenly</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. J. Skilling M.D.</i>
<i>no</i>	Address <i>Lonaconing</i>
Accident or Suicide? <i>no</i>	



Name  
in  
Full

Mary Ellen Baker.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Apr	21	20			
Sex	Female		Color or Race	White		Birth-place	Cumt'd
Occupation	Wife		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of <del>Wife</del> Husband	Ann Elias Baker			
Father's Name	Theodore Brandt				Father's Birthplace	Cumt'd	
Mother's Maiden Name	Katie Becker				Mother's Birthplace	Cumt'd	
Name of person giving information	Ann E. Brandt				How related to deceased	Husband	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Consumption & Malaria		How long	9 mo.
Immediate	Rupture of Spleen		How long	2 hrs.
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			Dr. F. L. Barkdoll	
			Address	
			So. 3rd Calverland Md	
Accident or Suicide?				

2. 1975 4. 11



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Camdenland</i>		County <i>Allegheny</i>		MARYLAND	
Date of death	Month	Day	Age	Years	Months
<i>1907</i>	<i>4</i>	<i>28</i>	<i>64</i>	<i>6</i>	<i>-</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Bedford Co Pa</i>		
Occupation <i>Carpenter</i>	Where Residing if not at place of death <i>Camdenland</i>				
<input checked="" type="checkbox"/> Married, Single or Widowed	Name of Wife or Husband <i>Catherine Purley</i>				
Father's Name <i>John R. Barley</i>	Father's Birthplace <i>Bedford Co.</i>			Mother's Birthplace <i>" " "</i>	
Mother's Maiden Name <i>Mary J. Gettys</i>	Name of person giving information <i>W. H. Barley</i>			How related to deceased <i>Son</i>	

## CAUSES OF DEATH

Primary <i>Angina Pectoris</i>	How long <i>1 1/2 hours</i>
Immediate	How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Chas. P.

Charles



Name  
in  
Full

*Infant - Beeman*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pekin</i> Town		County <i>Allegheny</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>April</i>	Day <i>17</i>	Age <i>—</i>	Years <i>—</i>	Month <i>—</i> Days <i>1</i>
Sex <i>Male</i>	Color of Race <i>White</i>		Birth-place <i>Pekin</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Lauria Beeman</i>			Father's Birthplace <i>Pekin Md.</i>		
Mother's Maiden Name <i>Mary Beeman</i>			Mother's Birthplace <i>Lonscoming</i>		
Name of person giving information <i>Lauria Beeman</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

**151**

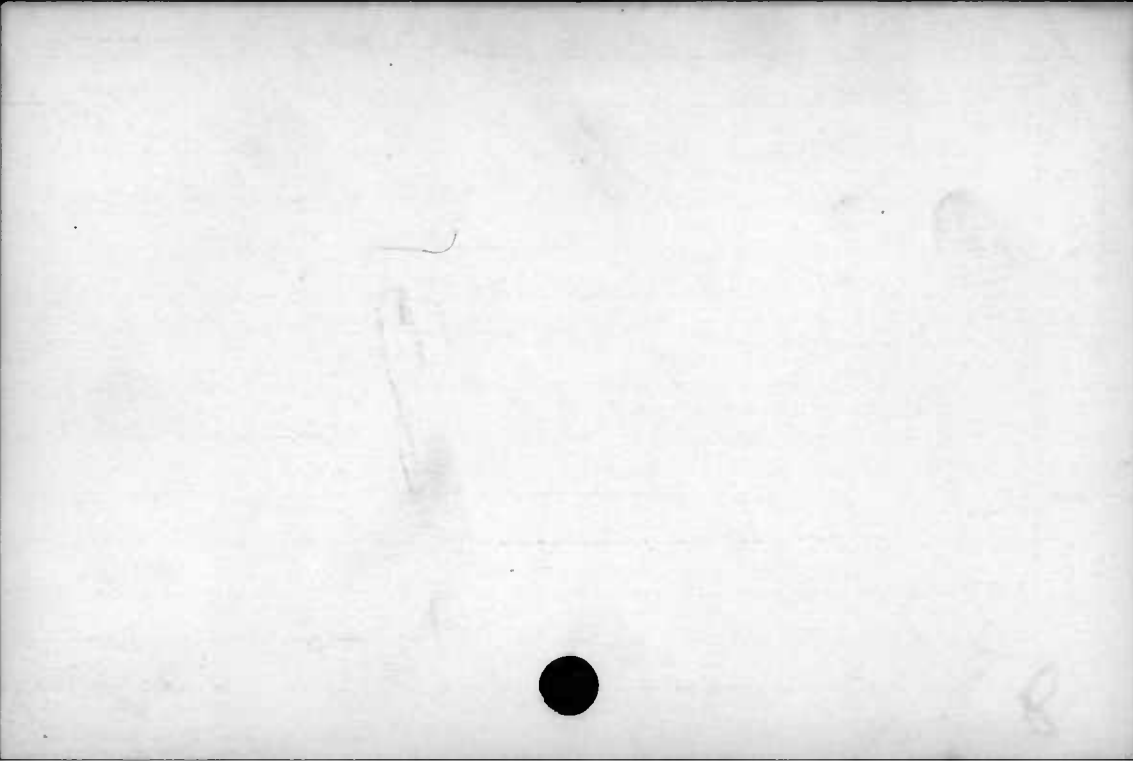
PHYSICIAN  
OR CORONER

Primary	<i>Prematurity 7 months -</i>	How long <i>2 hours -</i>
Immediate	<i>—</i>	How long <i>—</i>

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Geo. B. Bullock M.D.*  
Address *Lonscoming Md*

Accident or Suicide? *no*



Name  
in  
Full

## CERTIFICATE OF DEATH

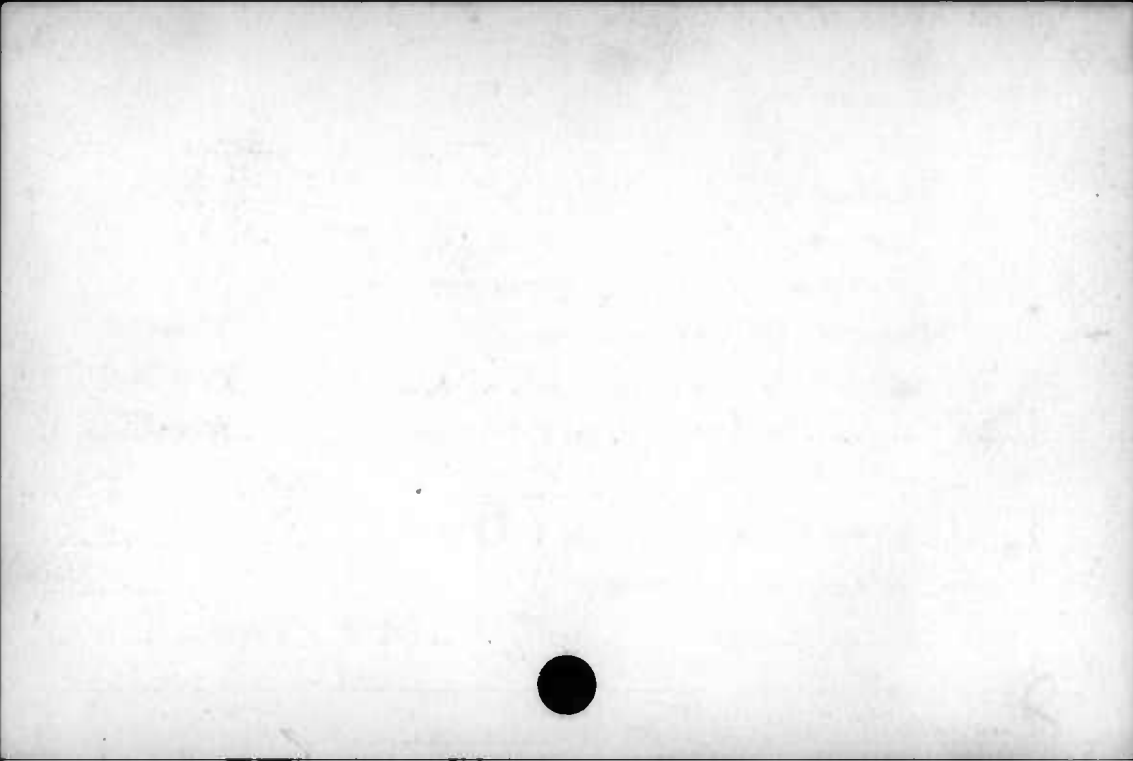
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mary Elizabeth Berry</i>		Town <i>Reklings</i>		County <i>Allegheny</i>		STATE <b>MARYLAND</b>	
Died at		Date of death 1907		Age		Months	
		Month <i>April</i>		Day <i>17</i>		Years <i>44</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Indiana</i>		Months <i>4</i>	
Married, Single or Widowed <i>Married</i>		Occupation <i>House wife</i>		Days <i>8</i>			
Name of Wife or Husband <i>John Russell Berry</i>				Father's Birthplace <i>W. Va</i>			
Father's Name <i>Jerome, Spencer</i>				Mother's Birthplace <i>W. Va</i>			
Mother's Maiden Name <i>Mary, E. Spencer</i>				How related to deceased <i>Husband</i>			
Name of person giving information <i>John R. Berry</i>							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Dropsy</i>	(177)	How long <i>5 months</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>R. Bell, M.D.</i>
		Address <i>1500 17th St East, Ross, La. Highway</i>
Accident or Suicide?		



Name  
in  
Full

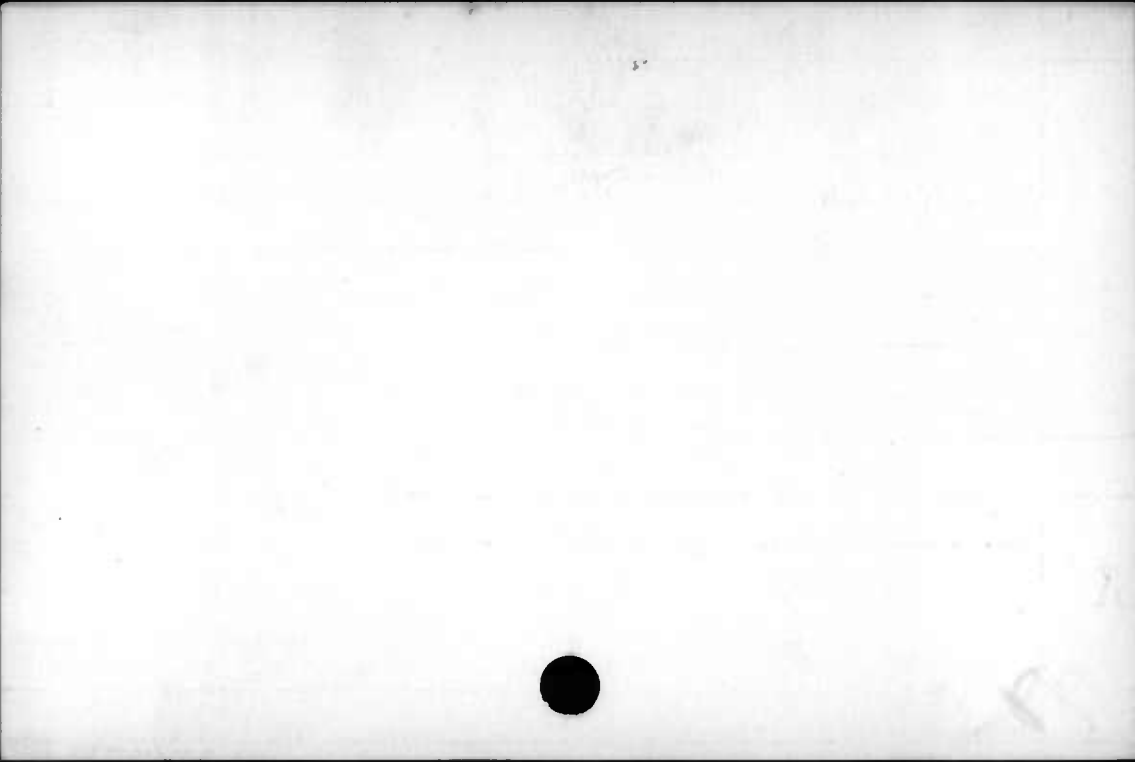
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Crumb</u> Town		<u>Borman</u> County		MARYLAND	
Date of death	<u>1907</u>	Month	<u>Apr</u>	Day	<u>11</u>
Age		<u>—</u>		Years	<u>—</u>
Sex	<u>male</u>	Color or Race	<u>white</u>	Birth-place	<u>md</u>
Occupation	<u>none</u>		Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband <u>none</u>			
Father's Name	<u>Wm S Borman</u>			Father's Birthplace	<u>Pa</u>
Mother's Maiden Name	<u>Emma J. Porter</u>			Mother's Birthplace	<u>Mra</u>
Name of person giving information	<u>Mrs W S Borman</u>			How related to deceased	<u>Mother</u>

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<u>Premature birth (5 mos)</u>	How long	<u>2 days</u>
	Immediate	<u>Exhaustion</u>	How long	<u>1/2 hr</u>
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>E. H. Brace</u>	
	Address <u>Crumb</u>		Address <u>md</u>	
Accident or Suicide? <u>Accident</u>				



Name  
in  
Full

## CERTIFICATE OF DEATH

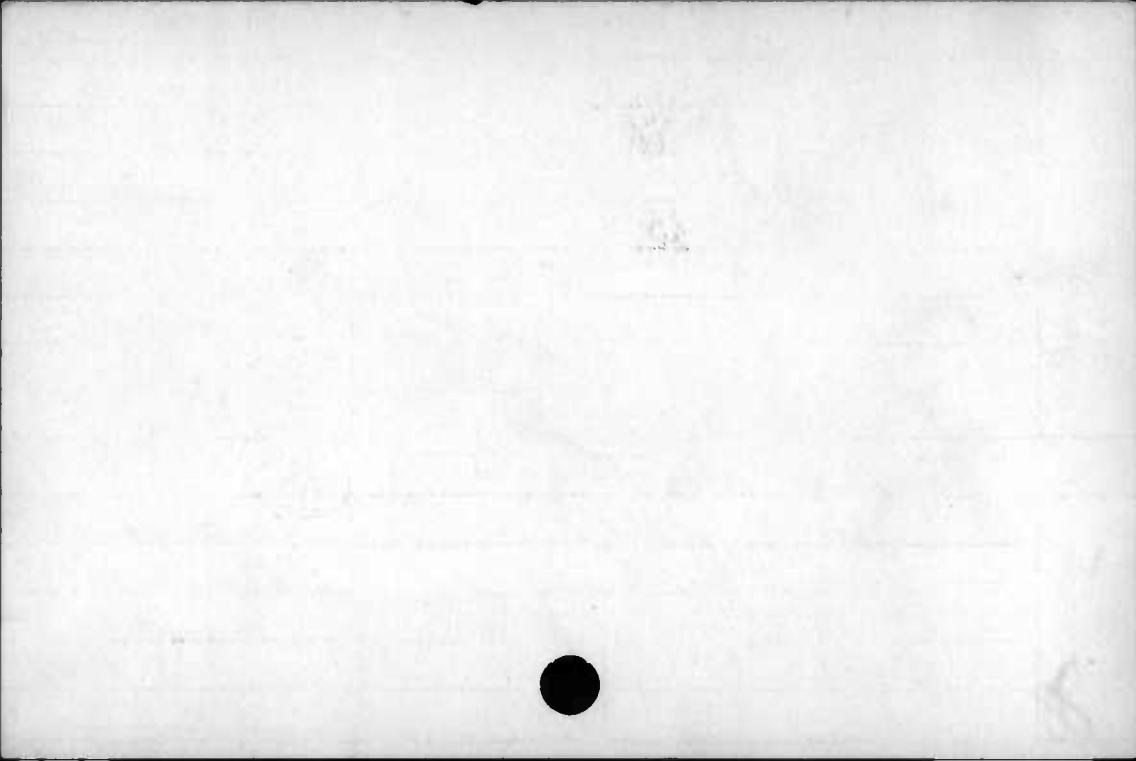
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Chamberland</i> <sup>Town</sup> <i>Alleghany</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i> <sup>Month</sup> <i>Apr.</i> <sup>Day</sup> <i>10</i> <sup>Years</sup> <i>50</i>	<sup>Months</sup>		<sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Williamsport, Pa.</i>	
Occupation		Where Residing if not at place of death	
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Anna Biggs</i>		
Father's Name <i>Don't Know</i>	Father's Birthplace <i>Don't Know</i>		
Mother's Maiden Name <i>"</i>	Mother's Birthplace <i>"</i>		
Name of person giving information <i>Anna Brooks</i>	How related to deceased <i>Wife.</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Laryngismus Stridulus</i>	How long <i>1 week</i>
Immediate <i>Choked</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. [Signature]</i>
<i>S</i>	Address <i>Chamberland, Pa.</i>
Accident or Suicide?	





Name  
in  
Full

Howard Brooks

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

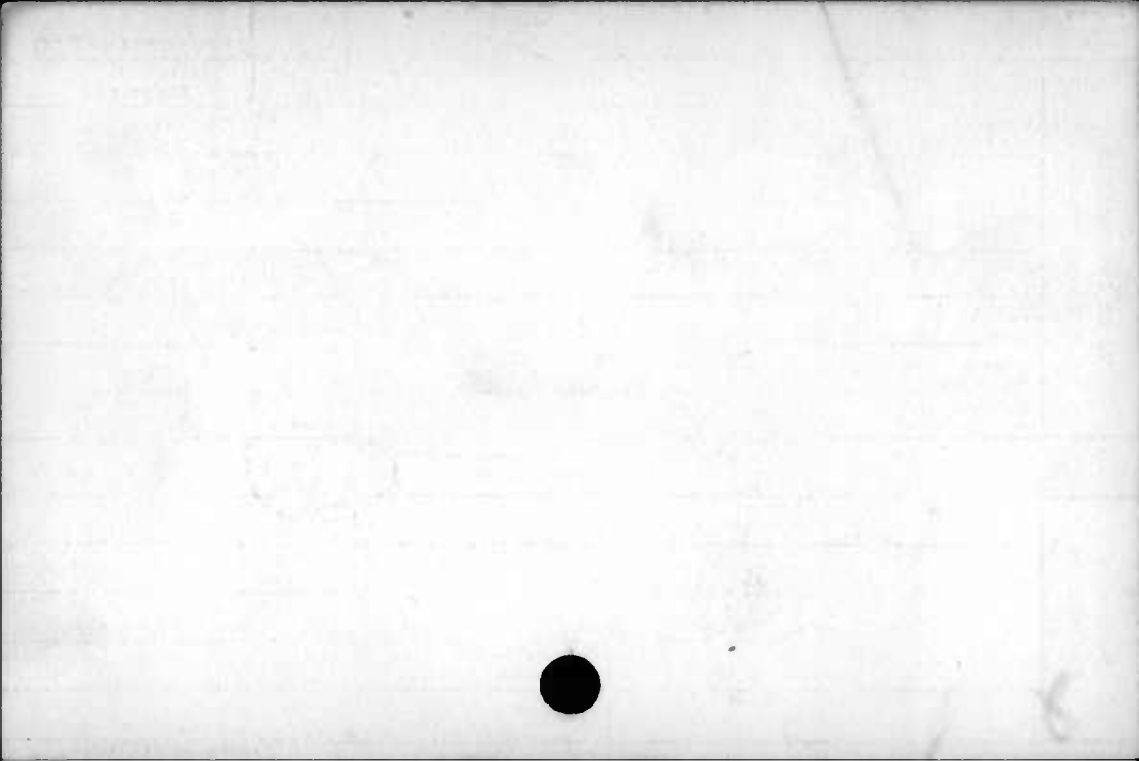
Died at		Town Cumberland		County Allegany		MARYLAND	
Date of death		1907	Month Apr.	Day 13	Age 48	Years	Months Days
Sex		Male		Color or Race Colored		Birth-place Williamsport, Md.	
Occupation		Labarea		Where Residing if not at place of death			
Married, Single or Widowed		Married		Name of Wife or Husband Elizabeth Brooks			
Father's Name		Henry Brooks		Father's Birthplace Va.			
Mother's Maiden Name		P. G. Campbell		Mother's Birthplace Va.			
Name of person giving information		Nathaniel Brooks		How related to deceased Brother			

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	Chronic Bright's disease & dropsy	How long	Eighteen mos.
Immediate	Heart failure	How long	Three weeks
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Surgeon General and	
Address		634. Mechanic St.	
Accident or Suicide?		no	



Name  
in  
Full

Sarah Brown

## CERTIFICATE OF DEATH

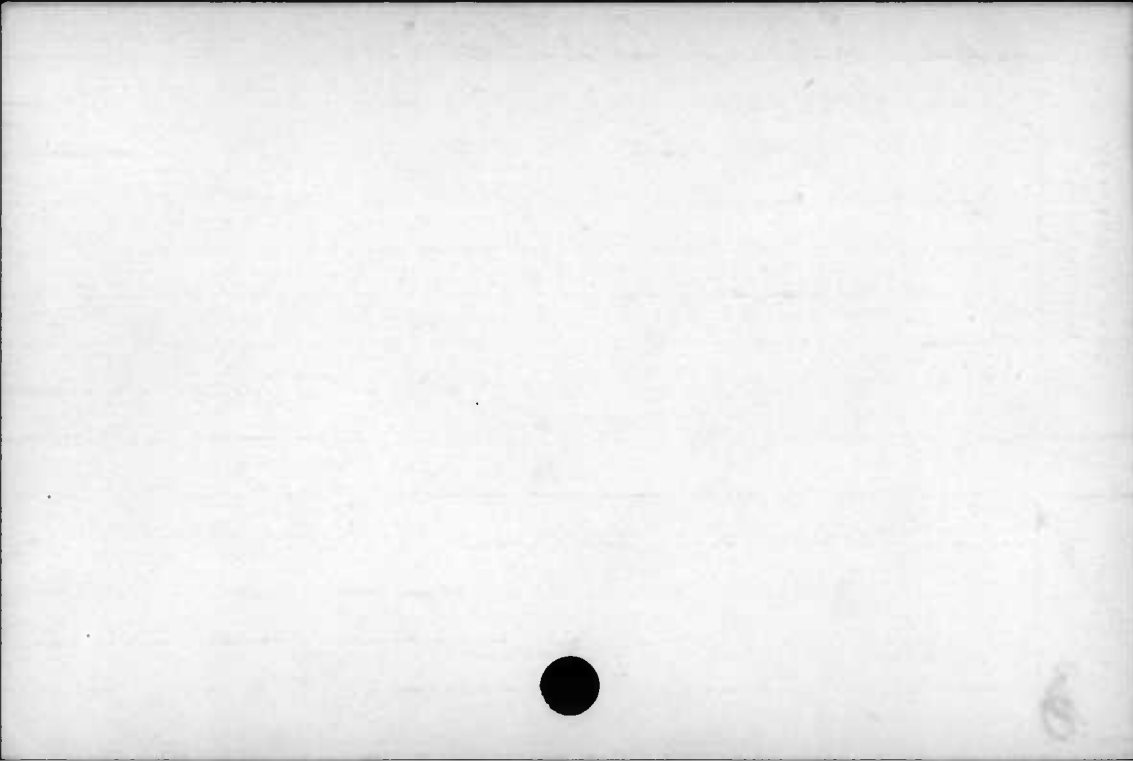
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Linacoring</i>		Town <i>Allegheny</i>		State <i>MARYLAND</i>	
Date of death <i>1907</i>	Month <i>April</i>	Day <i>9</i>	Age <i>46</i>	Years <i>7</i>	Months <i>26</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Bridgewater Va</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Wm Brown</i>			
Father's Name <i>Wm Whitetow</i>		Father's Birthplace <i>Augusta Va</i>		(178)	
Mother's Maiden Name <i>Sarah - (Unknown)</i>		Mother's Birthplace <i>Va</i>		(178)	
Name of person giving information <i>Wm Brown</i>		How related to deceased <i>husband</i>		(178)	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Cause <i>Unknown. Had a large Portia - Eaten heart -</i>	How long <i>How long</i>
Immediate Cause <i>Supper-died suddenly - 11.30 A.M. possibly acute indigestion &amp; heart failure</i>	How long <i>How long</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James C. Bullock M.D.</i>
	Address <i>Linacoring Md</i>
Accident or Suicide? <i>no -</i>	



Name in Full <b>Clarence C Burkhardt</b>		CERTIFICATE OF DEATH	
Died at <b>Cumtā</b> Town		County <b>Allegheny</b>	
Date of death <b>1907</b> Month <b>Apr.</b> Day <b>24</b> Age <b>1</b> Years <b>6</b> Months <b>1</b> Days <b>6</b>		MARYLAND	
Sex <b>Male</b>		Color or Race <b>White</b>	Birth-place <b>Cumtā</b>
Occupation <b>—</b>		Where Residing if not at place of death <b>—</b>	
Married, Single or Widowed <b>Single</b>		Name of Wife or Husband <b>—</b>	
Father's Name <b>C C Burkhardt</b>		Father's Birthplace <b>Pa</b>	
Mother's Maiden Name <b>Emma R. Kammer</b>		Mother's Birthplace <b>Pa</b>	
Name of person giving information <b>C C Burkhardt</b>		How related to deceased <b>Father.</b>	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <b>Measels.</b>	<b>(6)</b>	How long <b>5 days.</b>
	Immediate <b>Exhaustion</b>		How long
	Are the name, age, sex, color, date and place correctly given above? <b>Yes.</b>	Signature of Physician <b>J L Barkolmer M.D.</b>	
	<b>Louis Green</b>	Address <b>S. Cumtā, Pa.</b>	
Accident or Suicide?			

Fair Haven

Somerset Co.

Name in Full		MARTIN BURNS				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Midland		County allegany		MARYLAND	
	Date of death 190	7	Month April	Day 17	Age 65	Years	Months Days
	Sex	Male		Color or Race	White		Birth- place
	Married, Single or Widowed		Widower		Occupation		Coal Miner
	Name of Wife or Husband		<del>Mary</del> Maney		Father's Birthplace		Ireland
	Father's Name		Walter Burns		Mother's Birthplace		Ireland
	Mother's Maiden Name		Ethen McQueen		How related to deceased		Nephew
Name of person giving In formation		John Grimes					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Fall from window				How long	
	Immediate	Concussion of Brain, Internal Injuries				How long	About 7 hours.
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		F. P. O'Neil
					Address		Midland, Md.
	Accident or Suicide?						

Catto

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Name

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Full

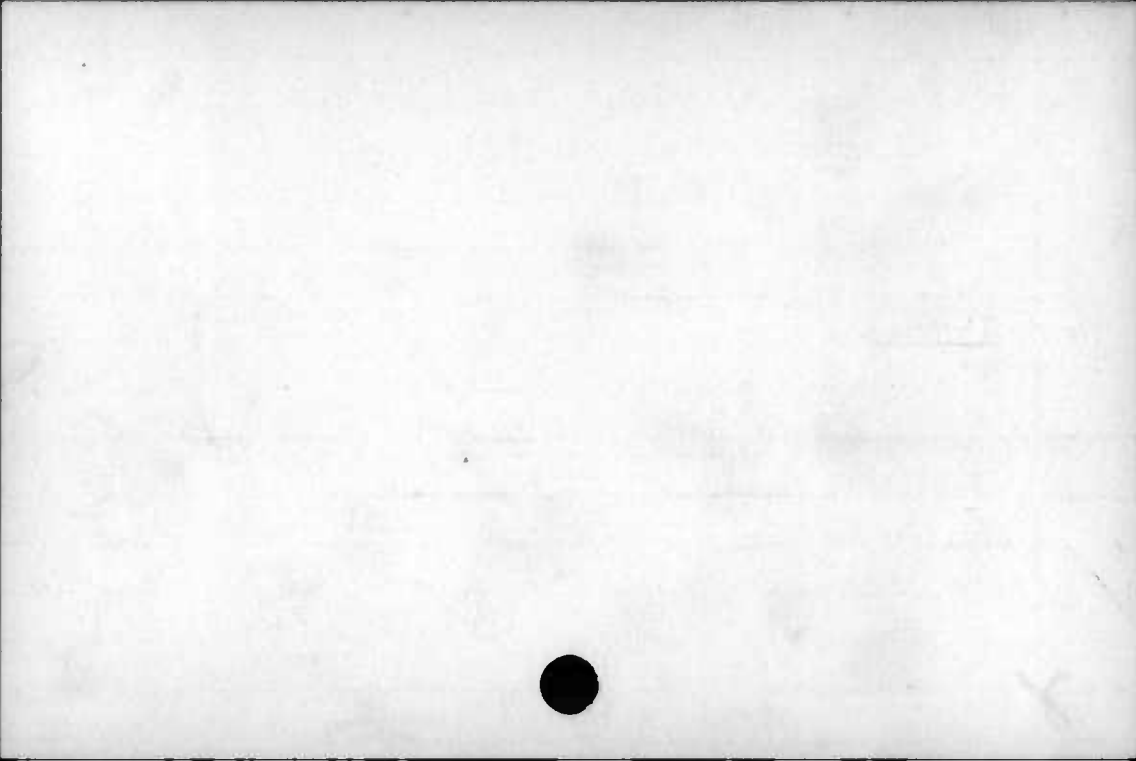
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Cumberland</b>		County <b>allergany</b>		MARYLAND	
Date of death	Month <b>April</b>	Day <b>16</b>	Years <b>20</b>	Months <b>8</b>	Days <b>13</b>
Sex <b>Female</b>	Color or Race <b>White</b>		Birth-place <b>Cumberland</b>		
Occupation <b>Student</b>		Where Residing if not at place of death <b>Cumberland</b>			
Married <input checked="" type="checkbox"/> Single		Name of Wife or Husband			
Father's Name <b>Morris Clark</b>		Father's Birthplace			
Mother's Maiden Name <b>Fanniss B. Morris</b>		Mother's Birthplace			
Name of person giving information <b>Mamian Clark</b>		How related to deceased			

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <b>Typhoid fever</b> <b>(1)</b>	How long <b>3 weeks</b>	
	Immediate <b>Intestinal hemorrhage</b>	How long <b>a few hours</b>	
	Are the name, age, sex, color, date and place correctly given above? <b>ye</b>	Signature of Physician <b>W. N. W. W. W.</b>	
		Address	
Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Mrs Maggie Coffan* Town *Richmond* County *Allegheny*

Died at *Richmond* Month *April* Day *30* Age *57* Years Months *1* Days *1*

Date of death *1907 April 30*

Sex *Female* Color or Race *White* Birth-place *Richmond Va.*

Occupation *House-wife* Where Residing if not at place of death *Richmond Va.*

Married, Single or Widowed *Widow* Name of Wife or Husband *Thos Coffan*

Father's Name *Benj Miller* Father's Birthplace *Va*

Mother's Maiden Name *Mary Webster* Mother's Birthplace *Va.*

Name of person giving information *Mrs Mary Parker* How related to deceased *daughter*

CAUSES OF DEATH

Primary *Tuberculosis* (27) How long *2 yrs*

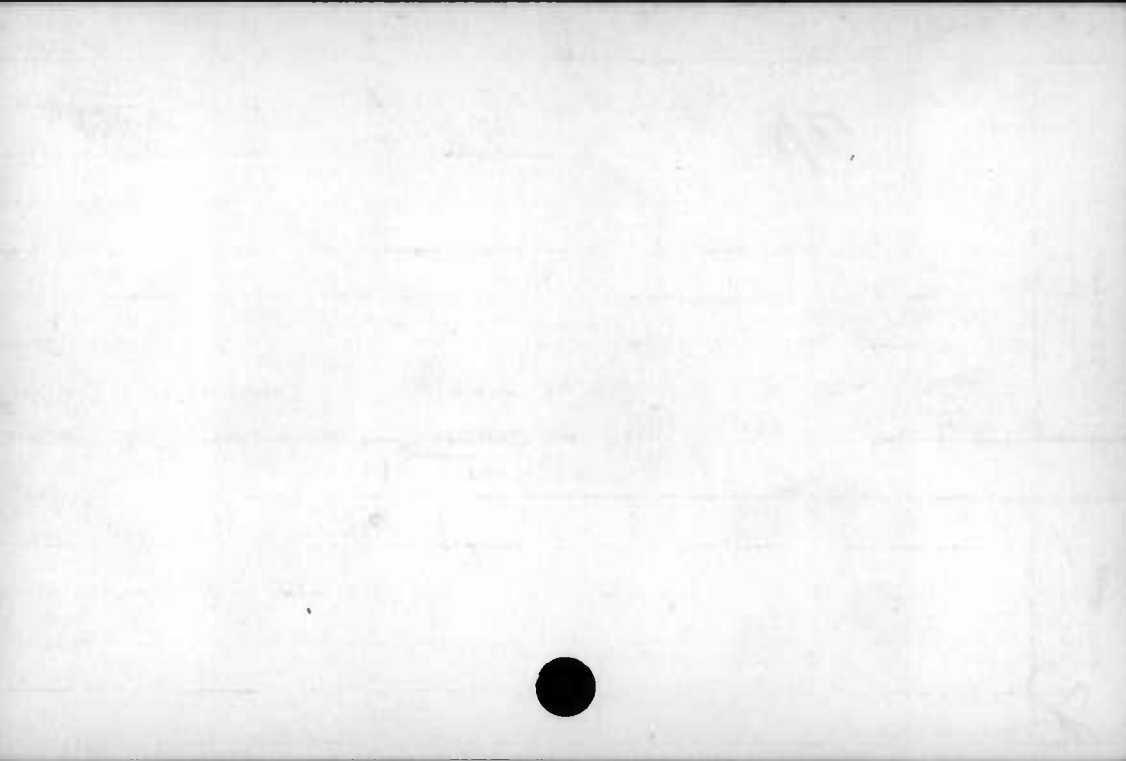
Immediate *Exhaustion* How long *3 mos.*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *E L Owens M.D.*

Address *Richmond Va.*

Accident or Suicide? *No*



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

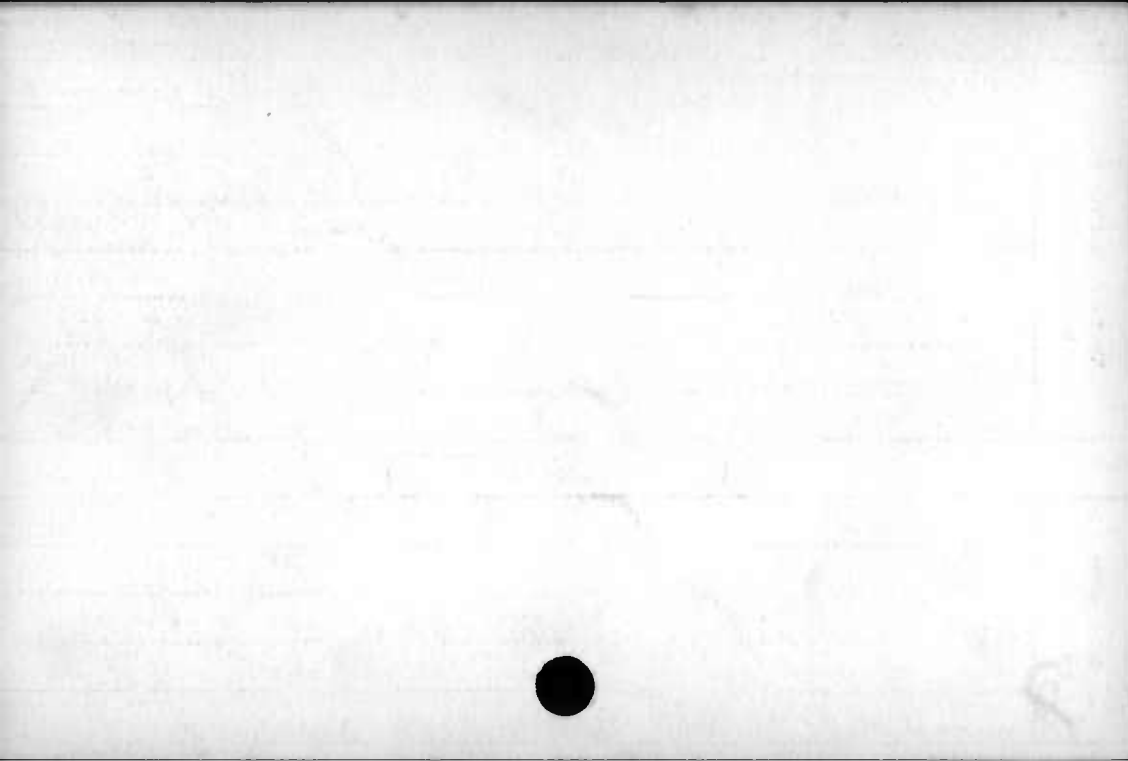
## CERTIFICATE OF DEATH

Died at <i>Cumtland</i> <sup>Town</sup>		<i>Allegheny</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907 Apr 8</i>		Age <i>24</i> <sup>Years</sup>		Months <i>—</i> Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>	
Occupation <i>Domestic</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>W. H. Corners</i>		Father's Birthplace <i>MD</i>			
Mother's Maiden Name <i>Annie Corners</i>		Mother's Birthplace <i>MD</i>			
Name of person giving information <i>May Corners</i>		How related to deceased <i>Daughter</i>			

## CAUSES OF DEATH

Primary Cause <i>Cardiovascular &amp; dilatation of heart</i>	How long <i>4 yr</i>
Immediate Cause <i>Exhaustion</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. F. Twigg</i>
Address <i>Cumtland</i>	<i>MD</i>
Accident or Suicide? <i>—</i>	

PHYSICIAN  
OR CORONER



Name  
in  
Full

Theodore Cook

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cumberland</i>		Town		County <i>Allegheny</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Apr</i>	Day <i>27</i>	Age <i>46</i>	Years	Months <i>11</i>	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Wellensburg Pa</i>				
Occupation <i>R.R. Engineer</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Catherine Cook</i>					
Father's Name <i>Solomon Cook</i>				Father's Birthplace <i>Dont Know</i>			
Mother's Maiden Name <i>Martha Robbins</i>				Mother's Birthplace <i>Dont Know</i>			
Name of person giving information <i>Charles Cook</i>				How related to deceased <i>Brother</i>			

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary <i>Acute Indigestion</i>	How long
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. Thos. McDonald</i>
Address <i>Cumberland Md.</i>	
Accident or Suicide?	

Celene  
Cerebral. Menstruation

1907

1864



Name

in

Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1907 April

10

Age

—

1

—

Sex

Female

Color or  
Race

White

Birth-  
place

Md

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

St. W. Danforth

Father's  
Birthplace

Md

Mother's  
Maiden Name

Gillie Hoover

Mother's  
Birthplace

Md

Name of person giving  
In formation

St. W. Danforth

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Died from Natural Cause

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

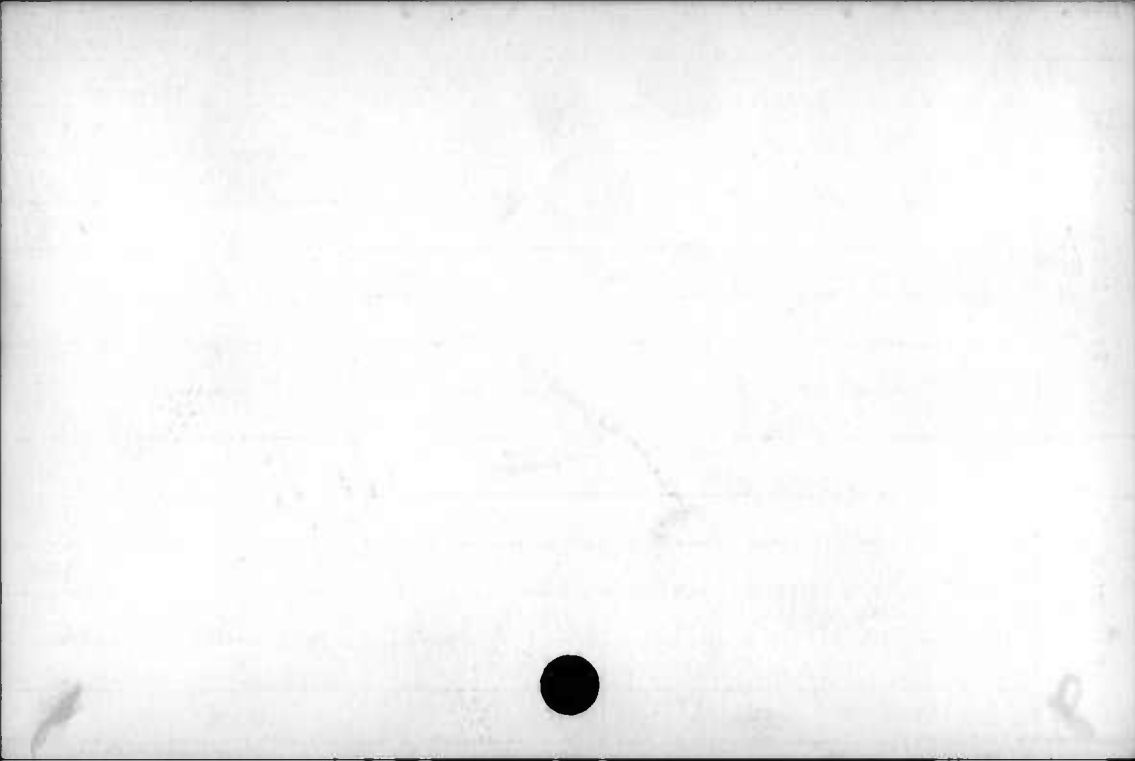
True

Signature of  
Physician

Address

J. H. M. Coroner  
Baltimore  
Md.

Accident or Suicide?



Name  
in  
Full

Infant - Lawrence

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

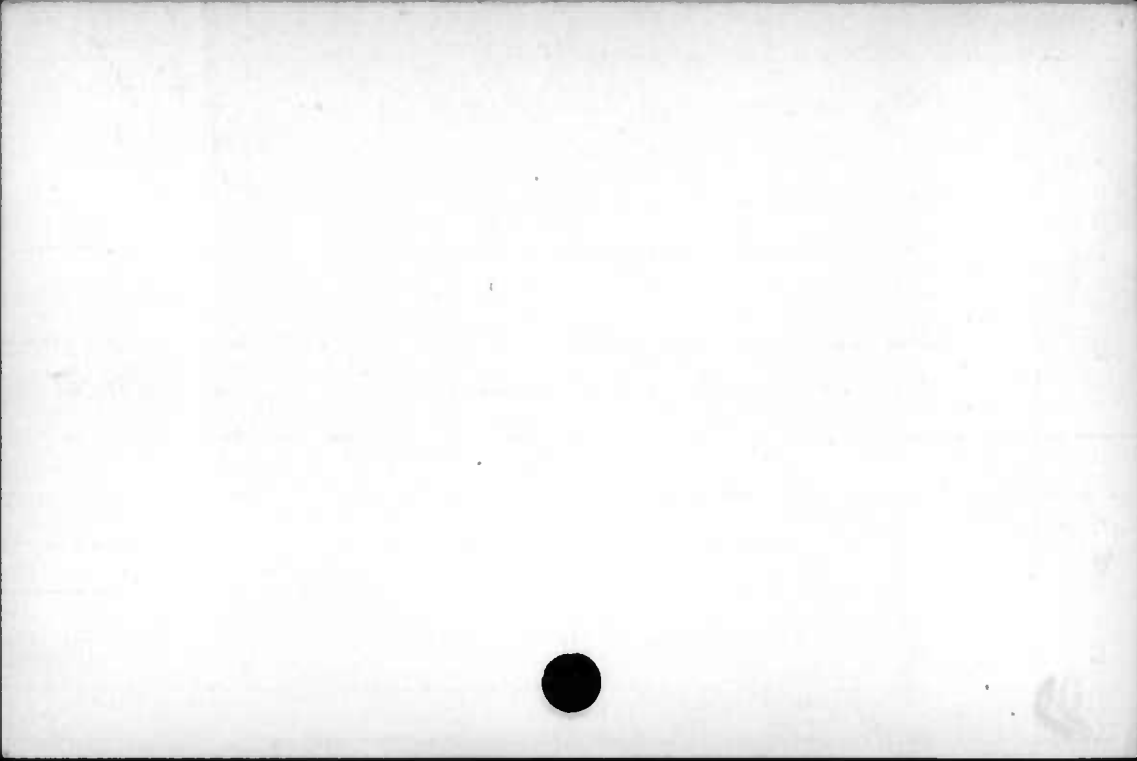
Died at <i>Sonoma</i> Town		County <i>Allegheny</i>		MARYLAND	
Date of death	1907	Month <i>April</i>	Day <i>10</i>	Age	Years <i>—</i> Months <i>—</i> Days <i>2</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth place <i>Sonoma</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>John Lawrence</i>			Father's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>Helen Ricker</i>			Mother's Birthplace <i>Sonoma</i>		
Name of person giving information <i>Helen Lawrence</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	<i>Prematurity 8 mos.</i>	How long	<i>2 days -</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Jas. O. Bullock, Jr.?</i>	
		Address <i>Sonoma Md.</i>	
Accident or Suicide? <i>No</i>			



Name  
in  
Full

Violet M Davis

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

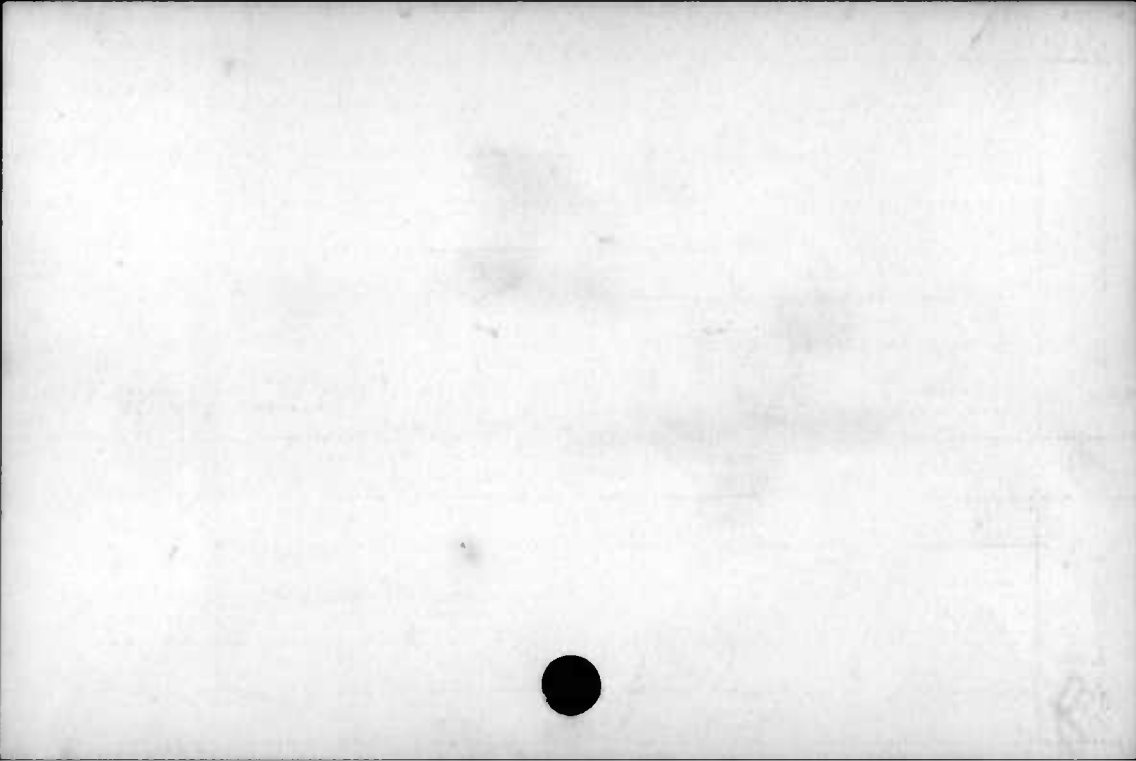
Died at <i>Home</i>		County <i>Alle</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>April</i>	Day <i>18</i>	Age <i>39</i>	Months	Days <i>10</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Ma</i>			
Occupation <i>housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>L. F. Davis</i>				
Father's Name <i>J. M. White</i>	Father's Birthplace <i>Ma</i>		Mother's Birthplace <i>Dont know</i>		
Mother's Maiden Name <i>Dora</i>	How related to deceased <i>Husband</i>				
Name of person giving information <i>L. F. Davis</i>					

## CAUSES OF DEATH

(27)

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>6 mo.</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. F. W. Foghtman</i>
<i>stent</i>	Address <i>Amberland</i>
Accident or Suicide?	<i>Foghtman Ma.</i>



Name  
in  
Full

Sarah E. Dennison

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Cumberland

County Allegany

Date of death 1907 April 7

Age 74 Years

Months 11

Days 26

Sex Female

Color or Race White

Birth-place Frostburg Md.

Occupation Housewife

Where Residing if not at place of death Cumberland Md.

Married, Single or Widowed Married

Name of Wife or Husband Samuel L. Dennison

Father's Name David P. Inskeep

Father's Birthplace New Orleans La.

Mother's Maiden Name Katherine Shaver

Mother's Birthplace Horton Md.

Name of person giving information Samuel S. Dennison

How related to deceased Son.

## CAUSES OF DEATH

66

Primary

Paralysis

How long 9 Days.

Immediate

Exhaustion

How long 9 Days.

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

F. L. Burkholder

Address

Cumberland Md.

Accident or Suicide?

0170/10



Name  
in  
Full

Thomas Dick

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Apr	13	46	7	10	2
Sex	Male	Color or Race	White		Birth-place	Scotland	
Occupation	Saloon-keeper			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband				
Mrs. Agnes S. Dick							
Father's Name	John C. Dick				Father's Birthplace	Scotland	
Mother's Maiden Name	Mary Ann Bowen				Mother's Birthplace	Scotland	
Name of person giving information	Andrew Dick				How related to deceased	Son	

## CAUSES OF DEATH

Primary

155

How long

Immediate

C. M. Dick Poisoning

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

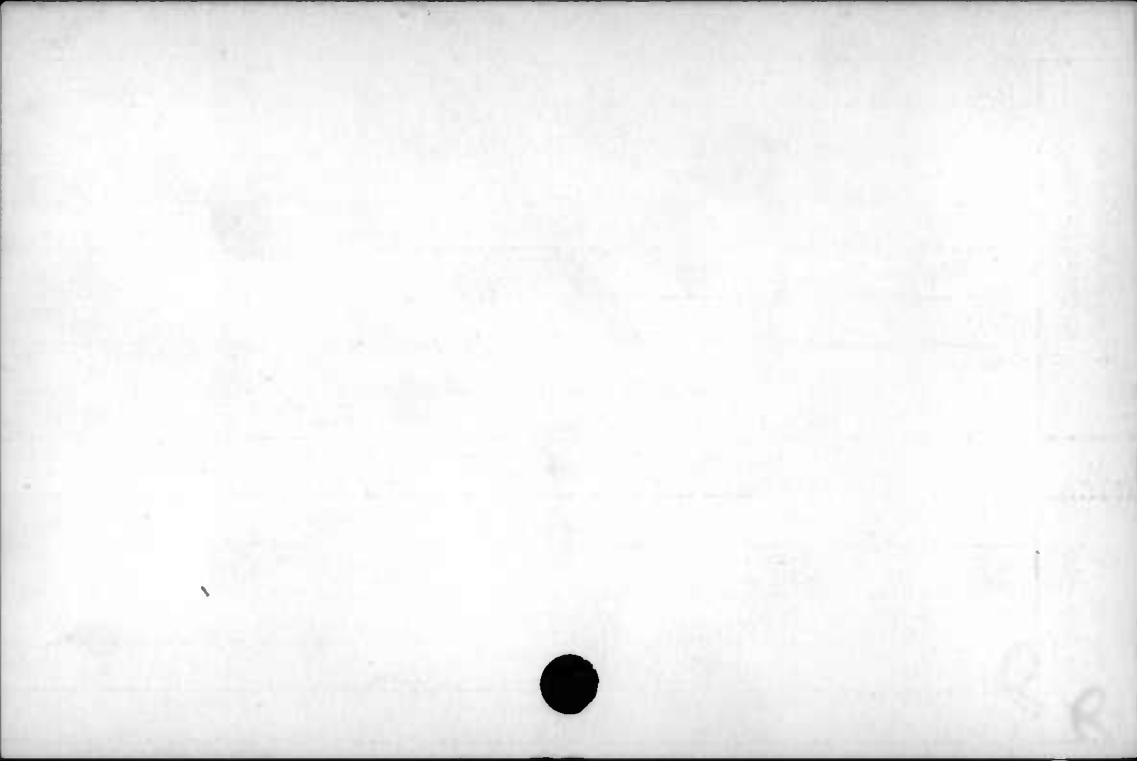
Address

Henry M. Kelsey  
Lanarney, Md.

Accident or Suicide?

Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Mrs. Ida Katherine Baker - Dixon*

Town *Smackney* County *Allegheny* MARYLAND

Died at *Smackney*

Date of death *1907* Month *Apr* Day *19* Age *44* Years Months *11* Days *1*

Sex *Female* Color or Race *White* Birth-place *Midland Ind.*

Occupation *Housewife* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *James Dixon*

Father's Name *John Baker* Father's Birthplace *Allegheny Co.*

Mother's Maiden Name *Sarah Hiner* Mother's Birthplace *" "*

Name of person giving information *John Dixon* How related to deceased *Son*

CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary *Aortic Regurgitation* How long *1 year*

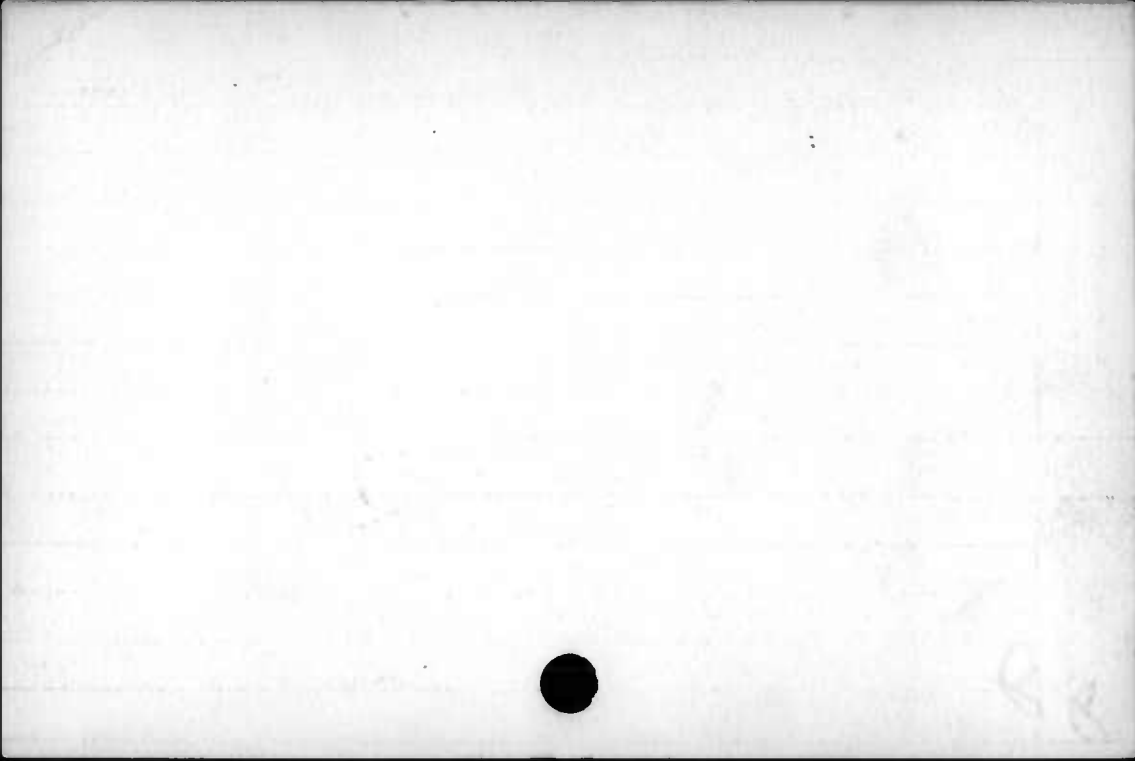
Immediate *Hypertension* How long *1 month*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Henry M. Hodgson*

Address *Smackney, Ind.*

Accident or Suicide? *No.*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

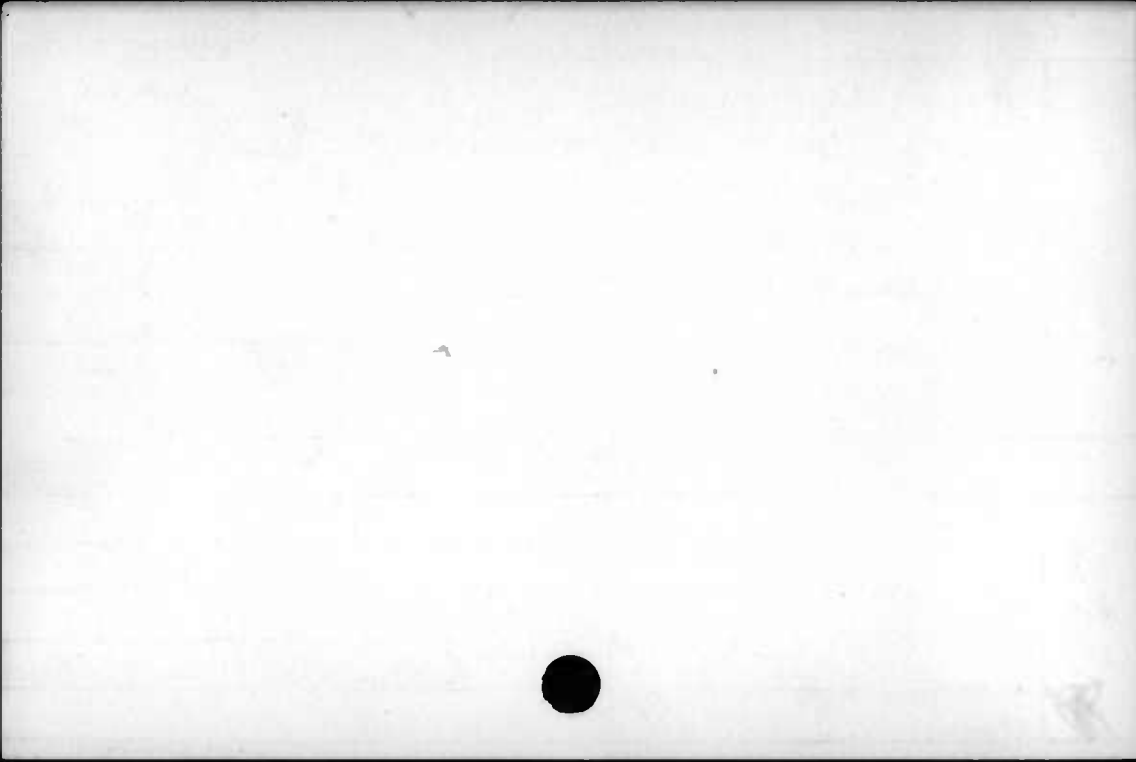
Name in Full <i>Perry Dorse</i>		Town <i>Countersland</i>		County <i>Allegheny</i>		State <i>MARYLAND</i>	
Died at <i>Countersland</i>		Month <i>Apr</i>		Day <i>12</i>		Age <i>22</i>	
Date of death <i>1907</i>		Months <i>—</i>		Years <i>—</i>		Days <i>—</i>	
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Pan Pan H. m.</i>			
Occupation <i>Fanner</i>		Where Residing if not at place of death <i>Pan Pan.</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Dont Know</i>		Father's Birthplace <i>Dont know</i>					
Mother's Maiden Name <i>Dont Know.</i>		Mother's Birthplace <i>Dont know</i>					
Name of person giving information <i>C. P. Rudy</i>		How related to deceased <i>Nephew.</i>					

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary <i>Shock from operation</i>	How long <i>—</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>E. H. White M.D.</i>
<i>L. Stein</i>	Address <i>Countersland Md</i>
Accident or Suicide? <i>—</i>	



Name  
is  
Full

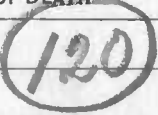
## CERTIFICATE OF DEATH

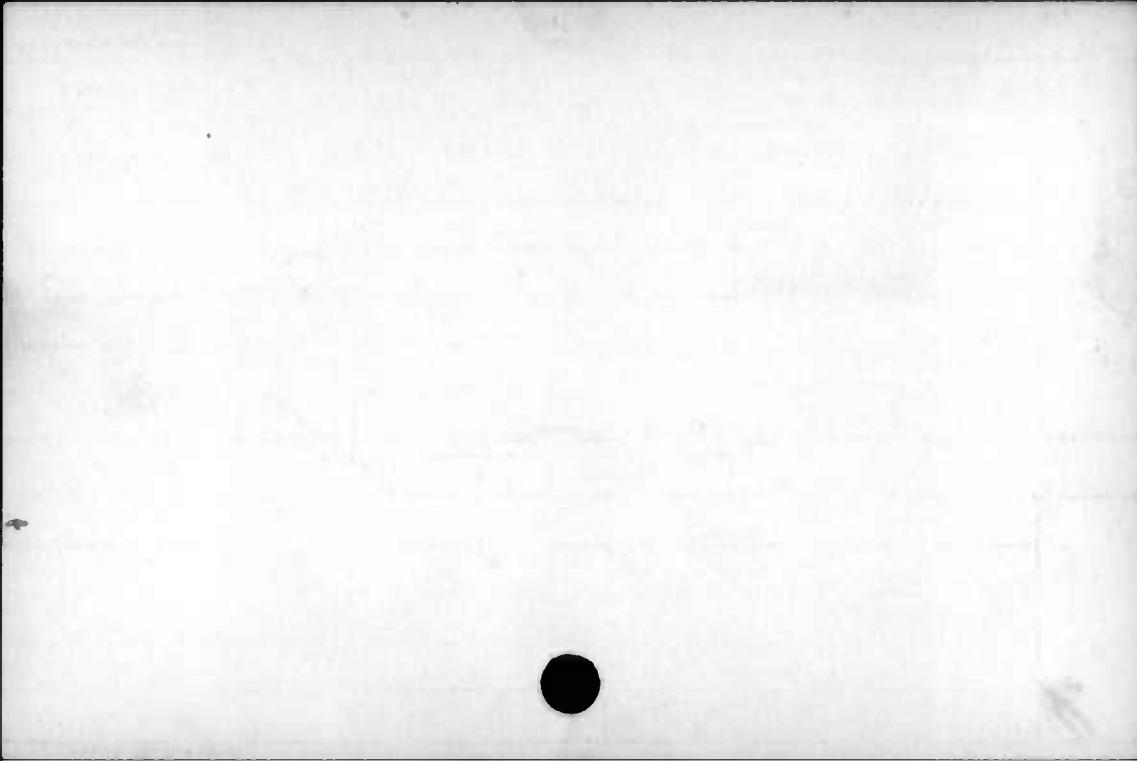
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		Apr.	23	Age about	67		
Sex	male	Color or Race	White	Birth-place	Va.		
Occupation	Boatsman			Where Residing if not at place of death	C. & O. Canal		
Married, Single or Widowed	Widowed			Name of Wife or Husband	Unknown		
Father's Name	Don't know				Father's Birthplace	Don't know.	
Mother's Maiden Name	"				Mother's Birthplace	"	
Name of person giving information	Lafayette Cichelluz				How related to deceased	None	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long
Immediate		3 Dyo.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
LOUIS STEIN, INTENS SINDT		Address
LOUIS STEIN		Barrett on Canal Va.
Accident or Suicide?		





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Mrs Emma Emerick*

Town *Ellersie* County *Alb*

MARYLAND

Died at *Ellersie*

Date of death *1901* Month *April* Day *8* Age *55* Months *—* Days *—*

Sex *Female* Color or Race *White* Birth-place *Pa*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Joseph Emerick*

Father's Name *dead* Father's Birthplace *Don't know*

Mother's Maiden Name *Dead* Mother's Birthplace *" "*

Name of person giving information *Joseph Emerick* How related to deceased *Husband*

CAUSES OF DEATH

Primary *(64)* How long

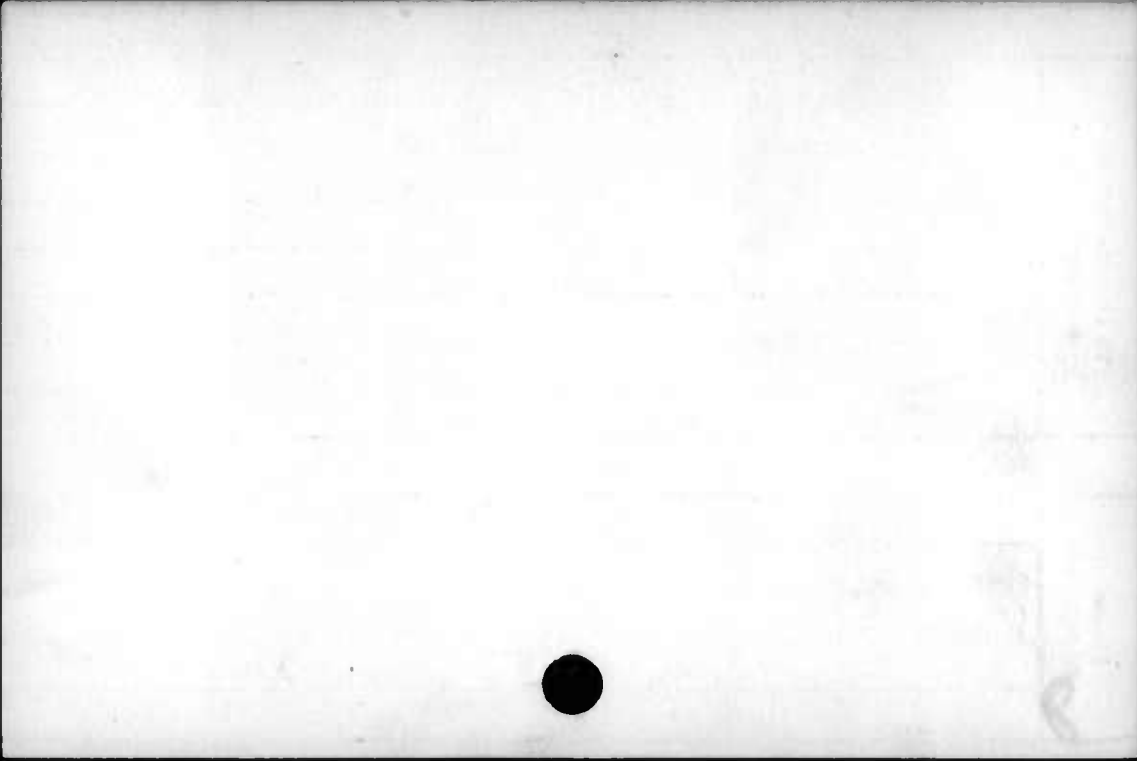
Immediate *Apoplexy* How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Dr. J. Earl Smith*

Address *Ellersie Md*

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

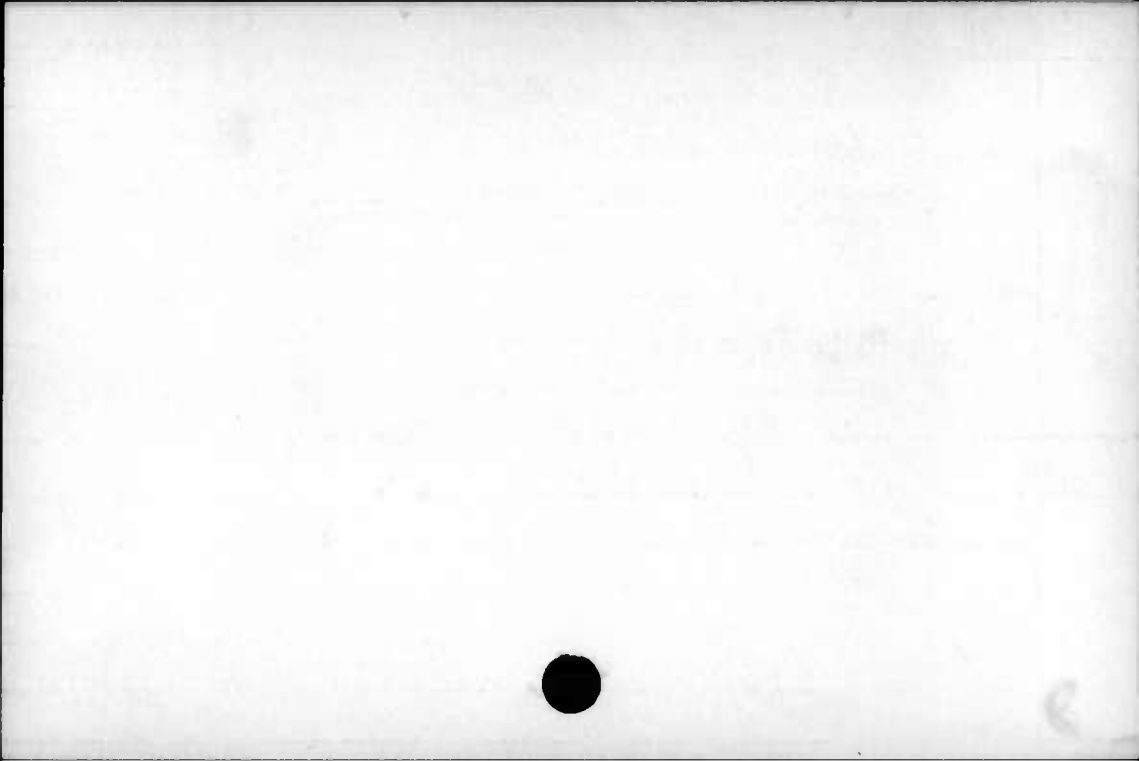
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Cumberland</i>		County <i>allegany</i>		MARYLAND	
Date of death		Month <i>1907 Apr.</i>	Day <i>19</i>	Years <i>20</i>	Months <i>—</i>	Days <i>—</i>	
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	
Occupation	<i>Millinery</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i>None</i>				
Father's Name	<i>Don't Know Dead</i>				Father's Birthplace <i>Don't Know</i>		
Mother's Maiden Name	<i>"</i>				Mother's Birthplace <i>"</i>		
Name of person giving information		<i>Mrs. Marion Hoffman</i>				How related to deceased <i>Sister</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Typhoid Fever</i>	How long
Immediate	<i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
<i>Yes.</i>		<i>Dr. Edw. Harris</i>
Address		<i>Cumberland Md.</i>
Accident or Suicide?		



Name  
in  
Full

## CERTIFICATE OF DEATH

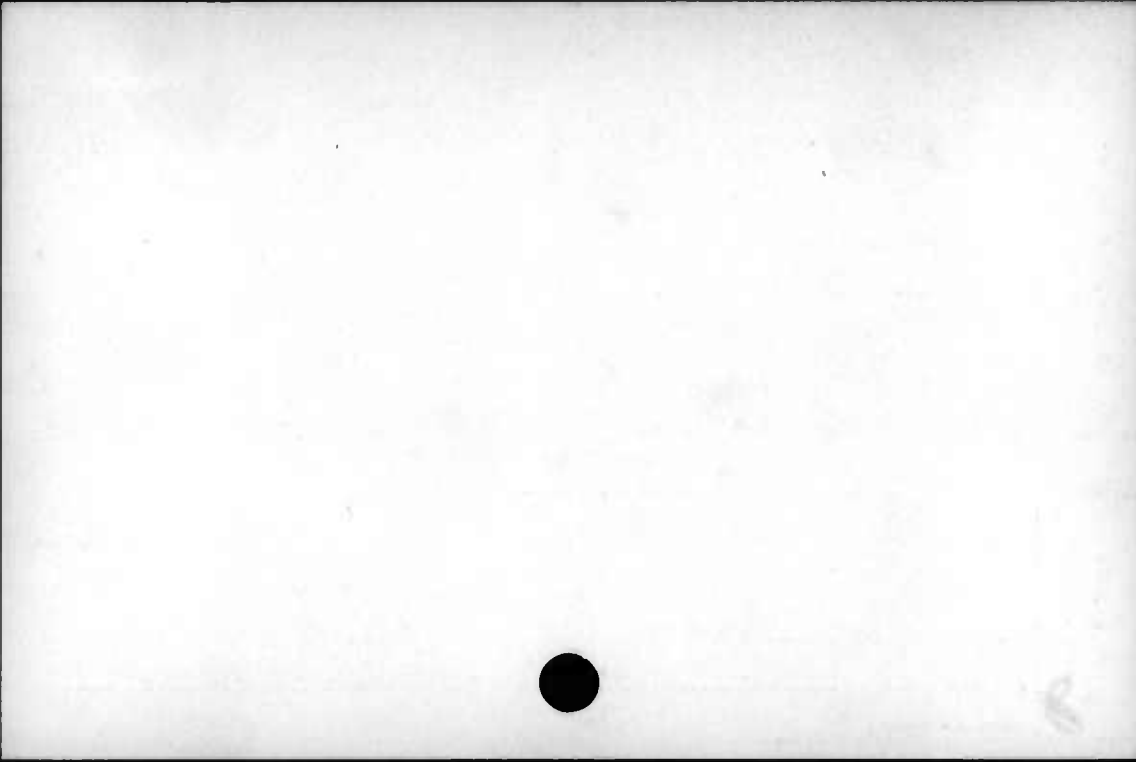
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Rebecca Galloway</i>										CERTIFICATE OF DEATH	
Died at <i>Int Savage</i> <sup>Town</sup>					<i>Allegany</i> <sup>County</sup>					MARYLAND	
Date of death 190		<i>7</i> <sup>Month</sup> <i>April</i>		<i>30</i> <sup>Day</sup>		<i>6</i> <sup>Years</sup>		<i>6</i> <sup>Months</sup>		<i>2</i> <sup>Days</sup>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Washington D.C.</i>							
Married, Single or Widowed <i>Single</i>						Occupation <i>—</i>					
Name of Wife or Husband <i>—</i>											
Father's Name <i>Joseph Galloway</i>						Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Stella Morris</i>						Mother's Birthplace <i>Pa</i>					
Name of person giving information <i>Joseph Galloway</i>						How related to deceased <i>Father</i>					

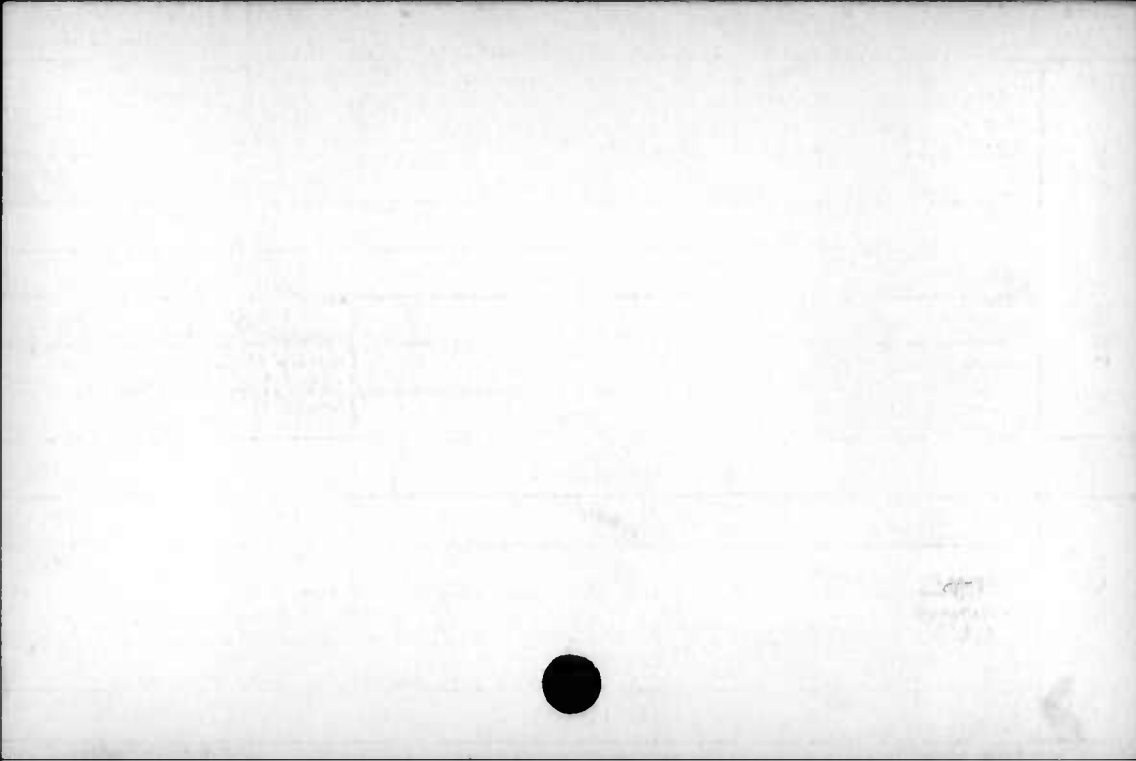
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Bronchial Asthma</i>		How long <i>all life</i>	
Immediate <i>Edema lungs</i>		How long <i>18 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>F. Alan E. Murray M.D.</i>	
		Address <i>Int Savage</i>	
Accident or Suicide? <i>Accident</i>		<i>Ind</i>	



Name in Full		Town				County		CERTIFICATE OF DEATH			
Harry Haller		Lumbd				Annap.		MARYLAND			
Died at		Date of death		Month		Day		Age		Months	
		1907		Apr.		28		23		-	
Sex		Color or Race		Birth-place							
male		White		Frederick Md							
Occupation		Where Residing if not at place of death									
Drug Clerk.		Frederick									
Married, Single or Widowed		Name of Wife or Husband									
Single		-									
Father's Name		Father's Birthplace									
Jm Haller		Frederick Md									
Mother's Maiden Name		Mother's Birthplace									
Dnt Know		Dnt Know									
Name of person giving information		How related to deceased									
Lamue Wertheimer		none									
CAUSES OF DEATH											
Primary		How long									
Meningitis.		61									
Immediate		How long									
Exhaustion		1 wk.									
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician									
Yes		H. F. Twigg,									
		Address									
		Cumberland,									
		Maryland,									
Accident or Suicide?											





Name  
in  
Full

Katherine Z. Hoy —

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Cumberland <sup>County</sup> Allegany MARYLAND

Date of death 1907 Month 4 Day 13 Age 2 Years 8 Months 10 Days

Sex Female Color or Race White Birth-place Cumberland

Occupation \_\_\_\_\_ Where Residing if not at place of death " "

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Ralph Hoy

Father's  
Birthplace

Rockwayville

Mother's  
Maiden Name

Bulah Beck

Mother's  
Birthplace

Cumberland

Name of person giving  
Information

Ralph Hoy —

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Acute Nephritis

(119)

How long

Do not know

Immediate

Uremia

How long

2 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes!

Signature of  
Physician

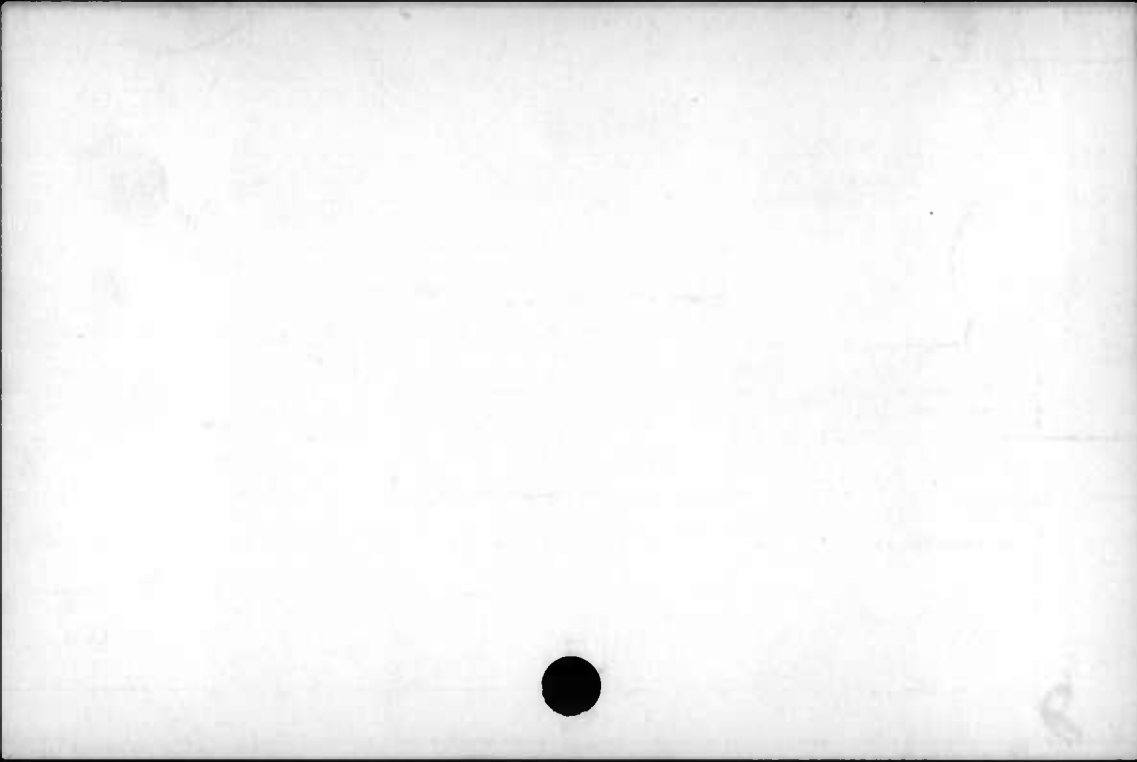
E. B. Claybrook M.D.

Address

Cumberland

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name in Full		Mary Ann Elizabeth Senthout				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Frostburg		Towson		County	
	Date of death	1907	April	10	Age	68	Years
	Sex	Female		Color or Race	White		Birth-place
	Occupation	Housewife		Where Residing if not at place of death		Maryland	
	Married, Single or Widowed	Married		Name of Husbands		Charles Senthout	
	Father's Name	Henry Fee		Father's Birthplace		Do not know	
	Mother's Maiden Name	Not known		Mother's Birthplace		11 4 4	
Name of person giving information	Thomas Senthout		How related to deceased		Son		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Chronic Brights Disease				How long	6 or 8 years
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	V. L. Conroy M.D.
	Accident or Suicide?					Address	Frostburg Md.

To Mr

Alley

Name  
in  
Full

Ann Maria Johnson..

CERTIFICATE OF DEATH

Died at <sup>Town</sup> Cumberland <sup>County</sup> Allegany MARYLAND

Date of death 1907 <sup>Month</sup> 4 <sup>Day</sup> 19 <sup>Age</sup> 84 <sup>Years</sup> <sup>Months</sup> <sup>Days</sup>

Sex Female Color or Race White Birth-place Mansfield, O

Occupation Housewife Where Residing if not at place of death Cumberland.

Married, Single ~~or Widowed~~ Yes! Name of Wife or Husband Samuel Johnson.

Father's Name Nathaniel Bryan. Father's Birthplace Culpeper, Va

Mother's Maiden Name Nancy Bell Mother's Birthplace Folks Mills, Md

Name of person giving information Samuel Johnson How related to deceased Husband

CAUSES OF DEATH

116

Primary Peritonitis How long Six days

Immediate Exhaustion How long

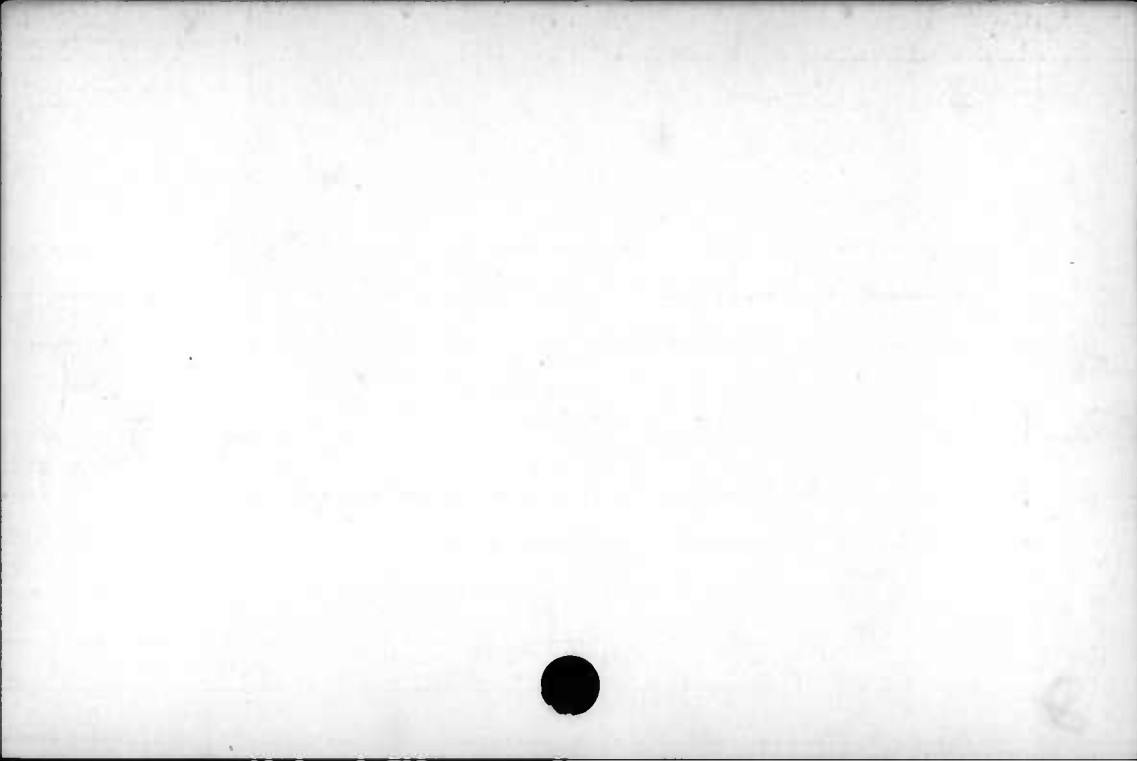
Are the name, age, sex, color, date and place correctly given above? Yes! Signature of Physician J. J. J. J.

Address

Accident or Suicide? *not*

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

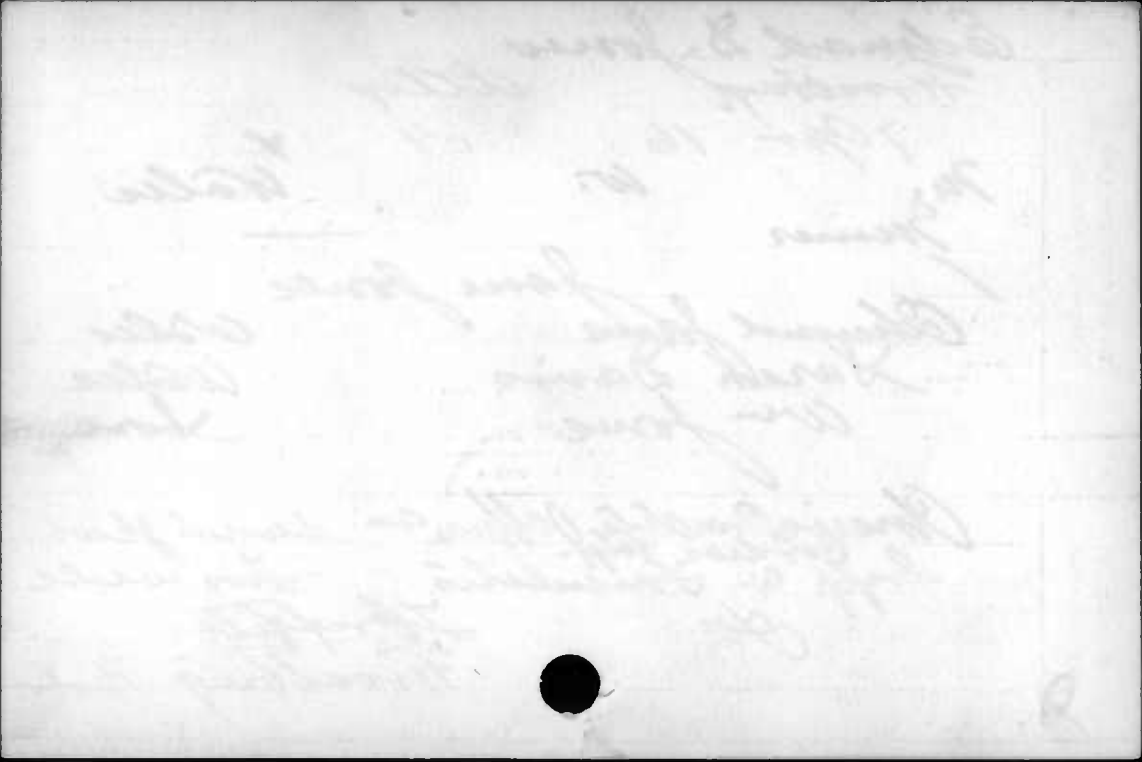
Died at <i>Emmels</i>		County <i>Allegany</i>		MARYLAND	
Date of death	Month	Day	Years	Months	Days
<i>1907</i>	<i>April</i>	<i>18</i>	<i>65</i>	<i>—</i>	<i>—</i>
Sex <i>Male</i>	Color or Race <i>Caucasian</i>		Birth-place <i>Mo</i>		
Occupation <i>Laborer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Grolly</i>			
Father's Name <i>dead don't know</i>		Father's Birthplace <i>Don't know</i>			
Mother's Maiden Name <i>dead don't know</i>		Mother's Birthplace <i>Don't know</i>			
Name of person giving information <i>David Stein</i>		How related to deceased <i>Cousin</i>			

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary	<i>Hemorrhage of stomach</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. H. Martz Coroner</i>
<i>Stein</i>		Address <i>Emmelsland</i>
Accident or Suicide?		





Name  
in  
Full

Edmond S. Jones

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Frostburg* *Alley* County  
Date of death 190 *7* *Apr* *16* Age *64* Months *1* Days  
Sex *M.* Color or Race *W.* Birth-place *Wales*  
Occupation *Miner* Where Residing if not at place of death *—*  
Married, Single or Widowed *✓* Name of Wife or Husband *Jane Jones*  
Father's Name *Edmund Jones* Father's Birthplace *Wales*  
Mother's Maiden Name *Sarah Davis* Mother's Birthplace *Wales*  
Name of person giving information *Wm Jones* How related to deceased *Son*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Chronic Bronchitis, Asthma & Cardiac Def.* *10* How long *Several years*  
Immediate *Emphysema & Pneumonia* How long *Two weeks*  
Are the name, age, sex, color, date and place correctly given above *Yes*

Signature of  
Physician

Address

*J. Griffiths*  
*Frostburg Md*

Accident or Suicide?

Alleg.

H. plin

Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>John Lilley</i>		Town <i>Prossburg Md</i>		County <i>allegany</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>April</i>	Day <i>first</i>	Year <i>thirty</i>	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Mount Savage</i>				
Occupation <i>Coal Miner</i>	Where Residing if not at place of death <i>Mt Savage</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband						
Father's Name <i>John Lilley</i>	Father's Birthplace <i>don't know</i>						
Mother's Maiden Name <i>don't know</i>	Mother's Birthplace <i>don't know</i>						
Name of person giving information <i>John Brant</i>	How related to deceased <i>son</i>						

## CAUSES OF DEATH

166

PHYSICIAN  
OR CORONER

Primary <i>Mine accident</i>	How long <i>few minutes</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G. H. Matz</i>
	Address <i>Cumberland Md</i>
Accident or Suicide? <i>accident</i>	<i>92 Independent Street</i>

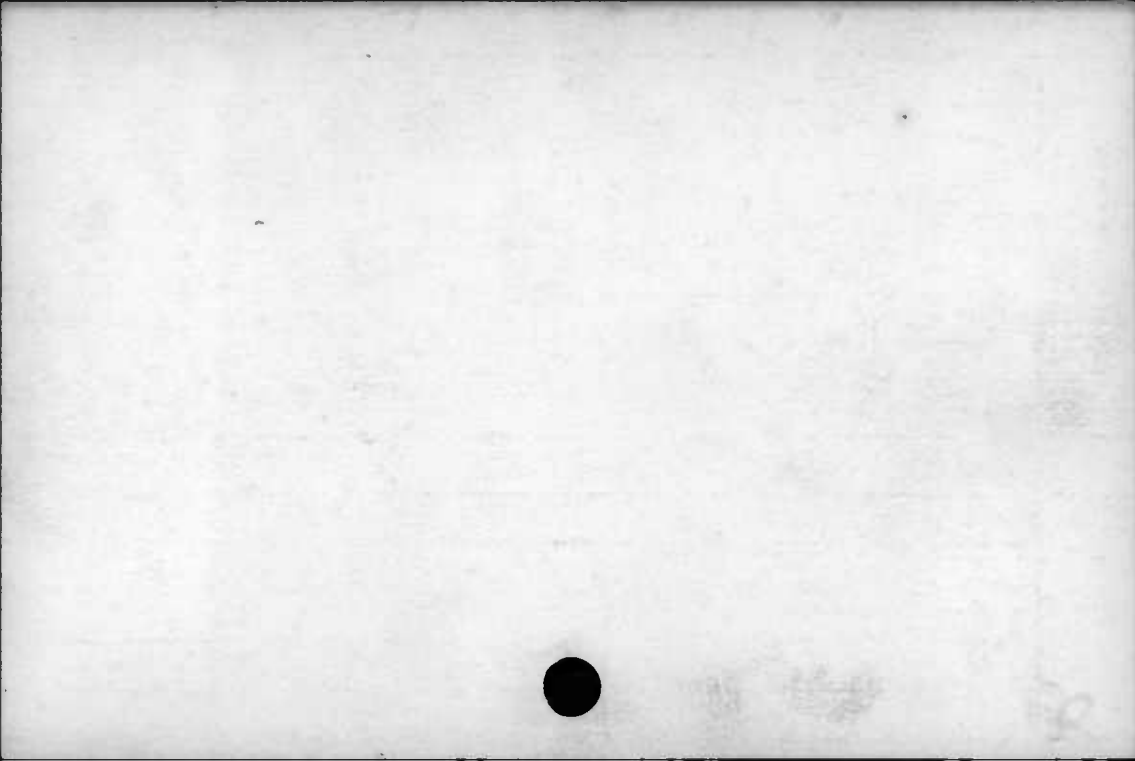
G M

Mr. Savage

Name in Full <b>Samuel T. Loggden -</b>		Town <b>Eckhart</b>		County <b>Allegheny</b>		CERTIFICATE OF DEATH	
Died at		State <b>MARYLAND</b>					
Date of death		Month <b>7</b>	Day <b>19</b>	Age <b>34</b>	Years <b>3</b>	Months <b>4</b>	Days <b>4</b>
Sex <b>male</b>		Color or Race <b>white</b>		Birth-place <b>Allegheny Co., Md.</b>			
Occupation <b>Saloon keeper</b>		Where Residing if not at place of death					
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>Marie Closterman</b>					
Father's Name <b>Samuel T. Loggden</b>		Father's Birthplace <b>Wales</b>					
Mother's Maiden Name <b>Annie Lewis</b>		Mother's Birthplace <b>Wales</b>					
Name of person giving information <b>Chas. W. Closterman</b>		How related to deceased <b>Brother-in-law</b>					
CAUSES OF DEATH							
Primary		<b>Nephritis + Pleuritic effusion</b>				How long <b>Don't know</b>	
Immediate		<b>Cardiac exhaustion</b>				How long <b>Short time</b>	
Are the name, age, sex, color, date and place correctly given above?		<b>Yes</b>		Signature of Physician <b>J. C. Coburn</b>			
				Address <b>Firstburg, Md.</b>			
Accident or Suicide?		<b>No</b>					

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*John Thompson Mc Cormick*  
Town County

Died at *Donacoming* *Allegany* MARYLAND  
Date of death *1907* Month *April* Day *4th* Age *70* Years Months *0* Days *20*

Sex *Female* Color or Race *White* Birth-place *Scotland*

Occupation *Invalid* Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed *Widowed* Name of Wife or Husband *Alex. Mc Cormick*

Father's Name *John Thompson* Father's Birthplace *Scotland*

Mother's Maiden Name *Mary Scott* Mother's Birthplace *Scotland*

Name of person giving information *E. D. Mc Cormick* How related to deceased *Son*

CAUSES OF DEATH

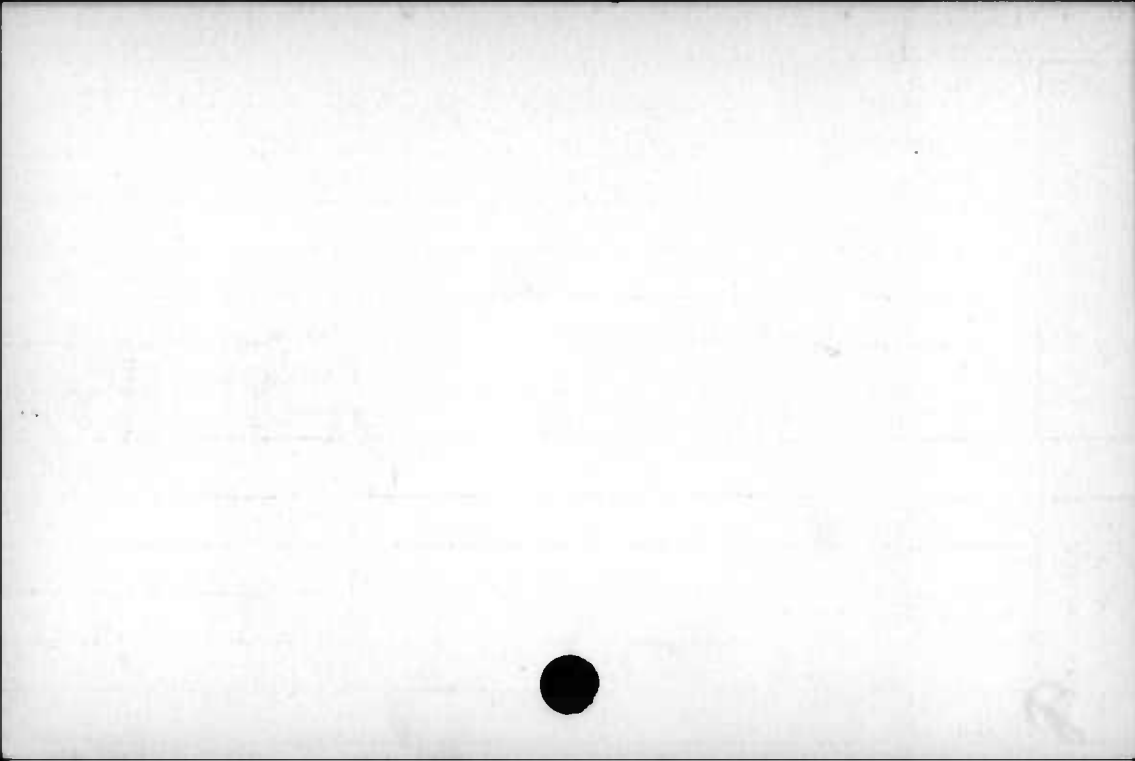
**(64)**

PHYSICIAN  
OR CORONER

Primary *Cerebral Hemorrhage* How long *3 months*  
Immediate *..* How long *12 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Henry M. Hodgeson*  
Address *Donacoming Md.*

Accident or Suicide? *No*





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cumtob</i> Town		<i>Allegheny</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>Apr.</i>	Day <i>12</i>	Age <i>74</i>	Months Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>England</i>		
Occupation <i>Carpenter</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Elizabeth Mansell</i>				
Father's Name <i>Dont Know</i>			Father's Birthplace <i>England</i>		
Mother's Maiden Name <i>Dont Know</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Elizabeth Mansell</i>			How related to deceased <i>Wife</i>		

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	<i>Chronic heart trouble</i>	How long <i>4 ds.</i>
Immediate	<i>Pneumonia</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr Jas. T. Johnson</i>
<i>stenc.</i>		Address <i>Cumtobland</i>
Accident or Suicide?		<i>Ma</i>

my

Mary in June

June 7.

Harry

Mrs. Hume D. Hume

and

From Sept. 28-

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

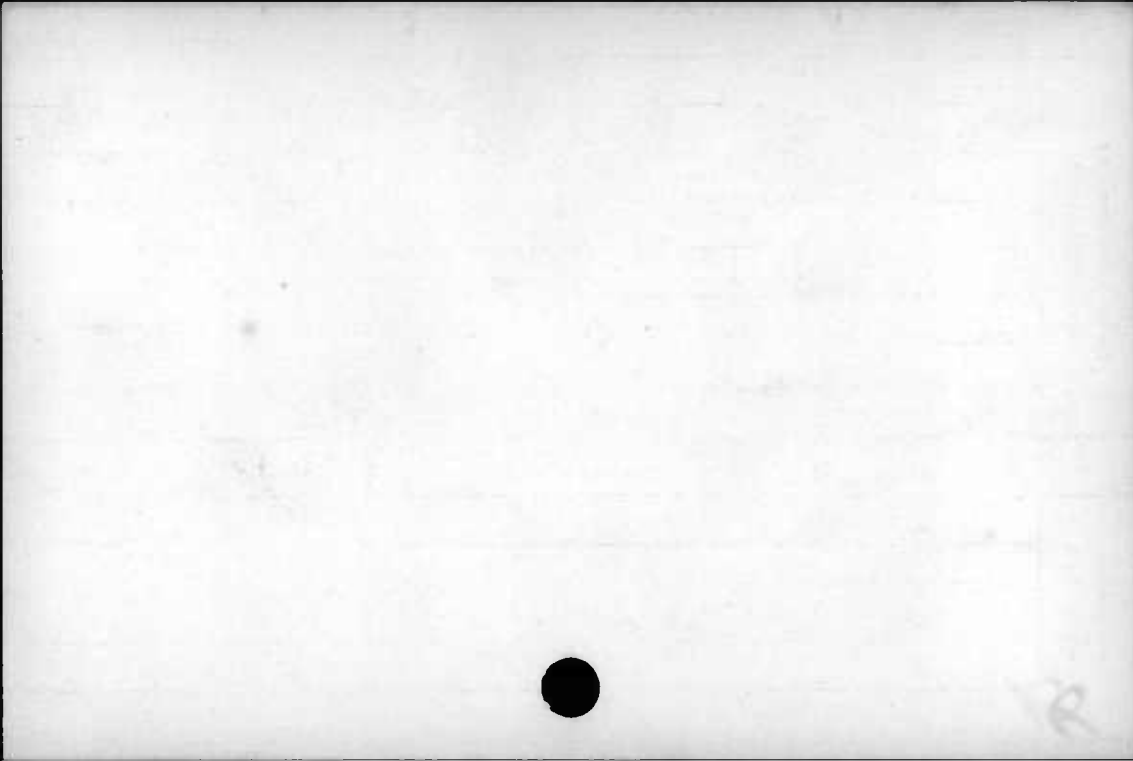
Name in Full <b>Mrs Annie M Metzger</b>		Town <b>Cumtland</b>		County <b>Alleghany</b>		MARYLAND	
Died at		Date of death <b>1907</b>		Month <b>ape</b>		Day <b>30</b>	
Age <b>38</b>		Years <b>38</b>		Months <b>11</b>		Days <b>14</b>	
Sex <b>Female</b>		Color or Race <b>white</b>		Birth-place <b>md</b>			
Occupation <b>Housewife</b>		Where Residing if not at place of death <b>—</b>					
Married, Single or Widowed <b>married</b>		Name of Wife or Husband <b>George Metzger</b>					
Father's Name <b>David Ottona</b>		Father's Birthplace <b>md —</b>					
Mother's Maiden Name <b>Mary J. Cafferty</b>		Mother's Birthplace <b>md</b>					
Name of person giving information <b>Geo Metzger</b>		How related to deceased <b>Husband</b>					

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <b>Tuberculosis</b>		How long <b>1 yr</b>	
Immediate <b>Hemorrhage - Exhaustion</b>		How long <b>24 hours</b>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <b>D. H. Brace</b>	
Address <b>Cumtland md</b>			
Accident or Suicide?			



Name  
in  
Full

*Ira Miller*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

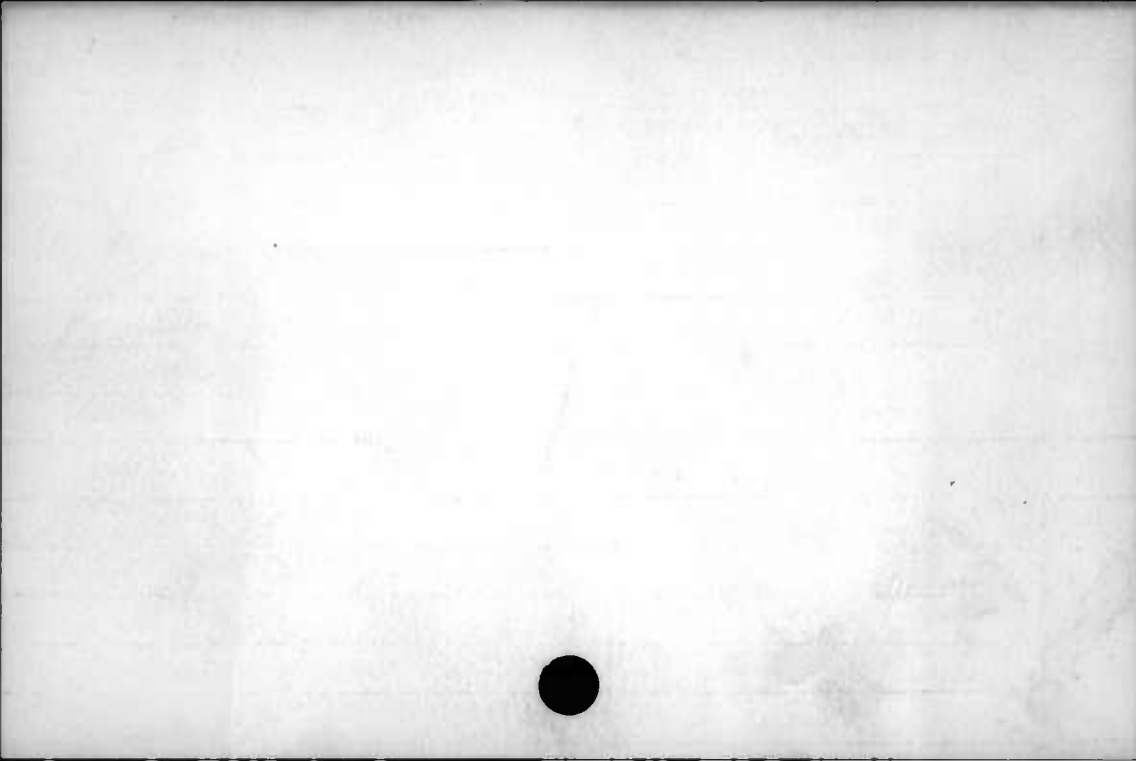
Died at <i>Carlisle</i> Town		<i>Allegheny</i> County		MARYLAND	
Date of death	1907	Month	4	Day	1
Sex	Male	Color or Race	White	Age	Years
Occupation	no	Birth-place	Carlisle	Months	Days
Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	<i>Harvey Miller</i>			Father's Birthplace	<i>Pa</i>
Mother's Maiden Name	<i>Mehnera Brettnr</i>			Mother's Birthplace	<i>Pa</i>
Name of person giving Information	<i>Father</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Renal Cholic</i>	How long	<i>6 hours</i>
Immediate	<i>Convulsions</i>	How long	<i>1 hour</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Dr. F. L. Chimes</i>
		Address	<i>Midlothian Md</i>
Accident or Suicide?			

**711** ✓



Name  
in  
Full

Elta Christina Schramm

CERTIFICATE OF DEATH

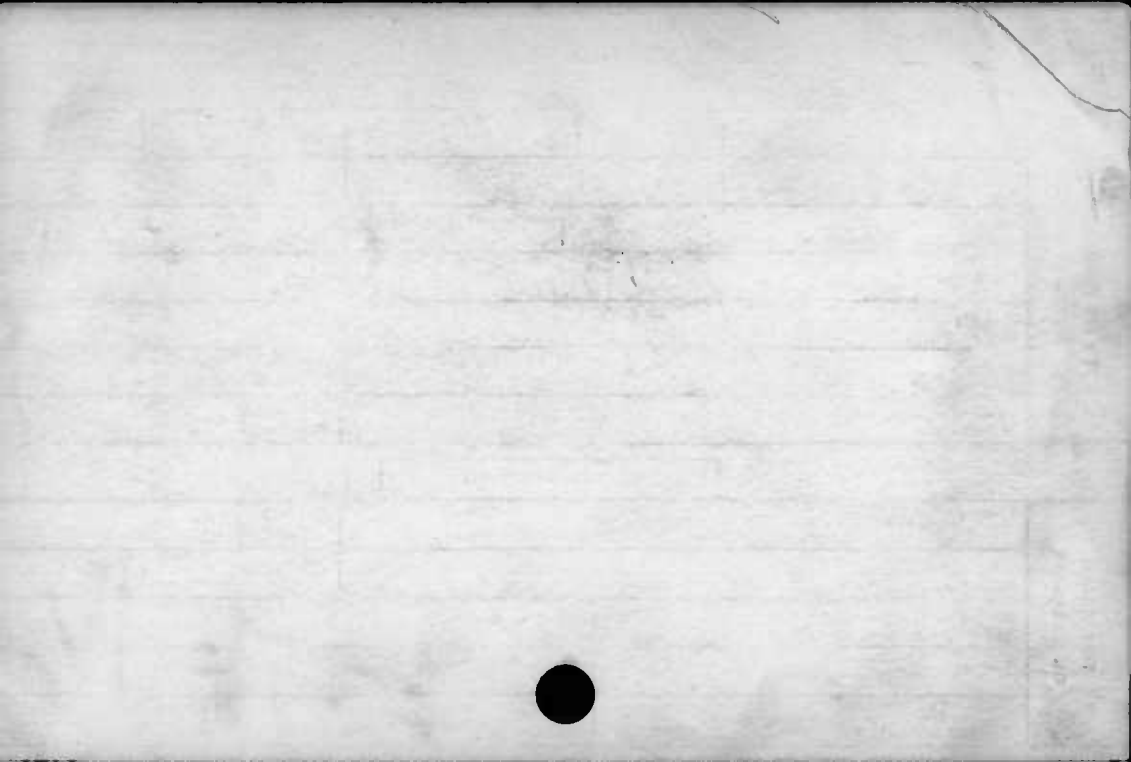
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Barton</u> <sup>Town</sup>		<u>Alleganey</u> <sup>County</sup>		MARYLAND	
Date of death 1907	<u>April</u> <sup>Month</sup>	<u>11th</u> <sup>Day</sup>	Age <u>one</u> <sup>Years</sup>	<u>Seven</u> <sup>Months</sup>	<u>six</u> <sup>Days</sup>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Barton Md.</u>		
Married, Single or Widowed <u>Single</u>			Occupation <u></u>		
Name of Wife or Husband <u></u>					
Father's Name <u>William Schramm</u>			Father's Birthplace <u>Barton Md.</u>		
Mother's Maiden Name <u>Eliza Pierce</u>			Mother's Birthplace <u>Barton Md.</u>		
Name of person giving information <u>W. Schramm</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Convulsions</u>	<u>71</u>	How long
Immediate <u>Meningitis &amp; Gastritis</u>		How long <u>Seven days.</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. H. McMan M.D.</u>	
	Address <u>Barton, Md.</u>	
Accident or Suicide? <u></u>		





Name  
in  
Full

CERTIFICATE OF DEATH

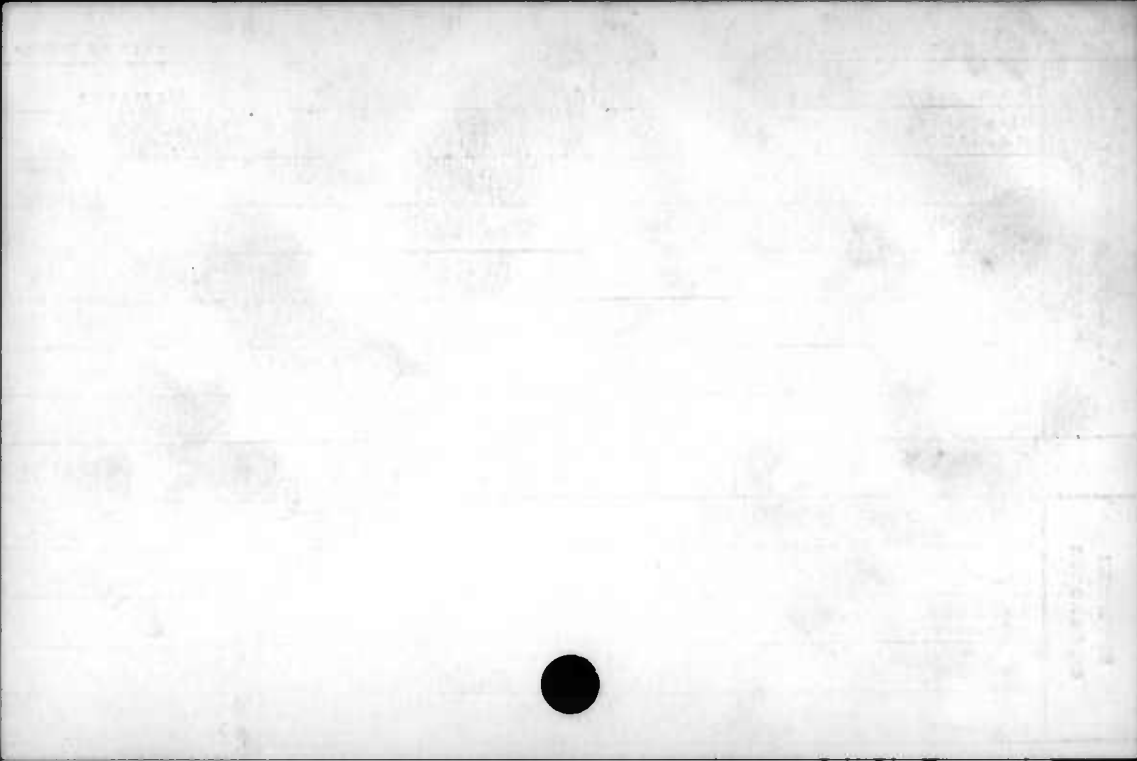
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Commerce</u> Town		<u>Self</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>Feb</u>	Day <u>8</u>	Age <u>Immature</u> Years	Months	Days
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Commerce Md</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>at residence of parent</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Howard &amp; Self</u>			Father's Birthplace <u>va</u>		
Mother's Maiden Name <u>Lucy J Likel</u>			Mother's Birthplace <u>md</u>		
Name of person giving Information <u>Howard &amp; Self</u>			How related to deceased <u>Sister</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>can't know</u>	How long	<u>—</u>
Immediate	<u>Premature abortion</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>James W. ...</u>	
		Address <u>Commerce Md</u>	
Accident or Suicide? <u>—</u>		<u>Maryland</u>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

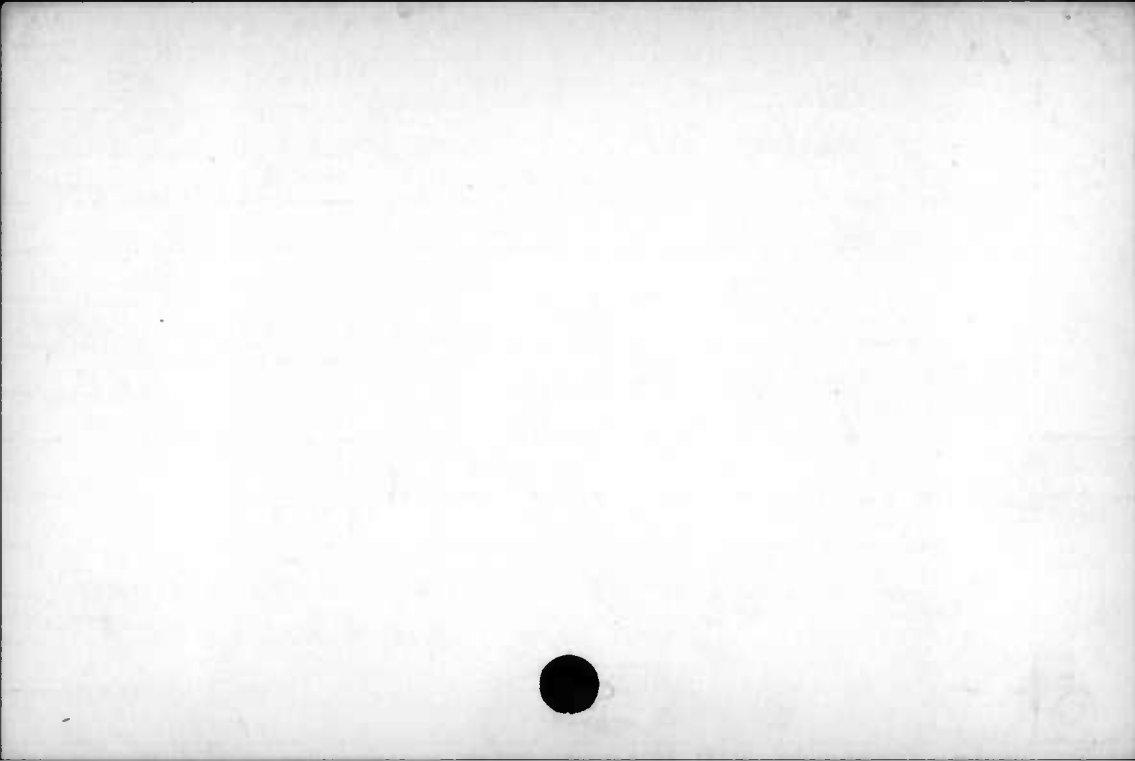
Name in Full <i>Infant George Sell</i>		Town <i>Cumberland</i>		County <i>Alleghany</i>		State <i>MARYLAND</i>	
Died at		Month <i>Apr.</i>		Day <i>20</i>		Age <i>Years</i> <i>Months</i> <i>Days</i>	
Date of death <i>1901</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Cumberland</i>	
Occupation <i>_____</i>				Where Residing if not at place of death <i>_____</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>George Sell</i>				Father's Birthplace <i>Ind.</i>			
Mother's Maiden Name <i>Nellie Sullivan</i>				Mother's Birthplace <i>Ind.</i>			
Name of person giving information <i>George Sell</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

⑧

PHYSICIAN  
OR CORONER

Primary	<i>Stillborn</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. Thos. McDonald</i>	
<i>Yes</i>		Address <i>Cumberland</i>	
Accident or Suicide?		<i>Ind.</i>	



Name  
in  
Full

Charles Shaffer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

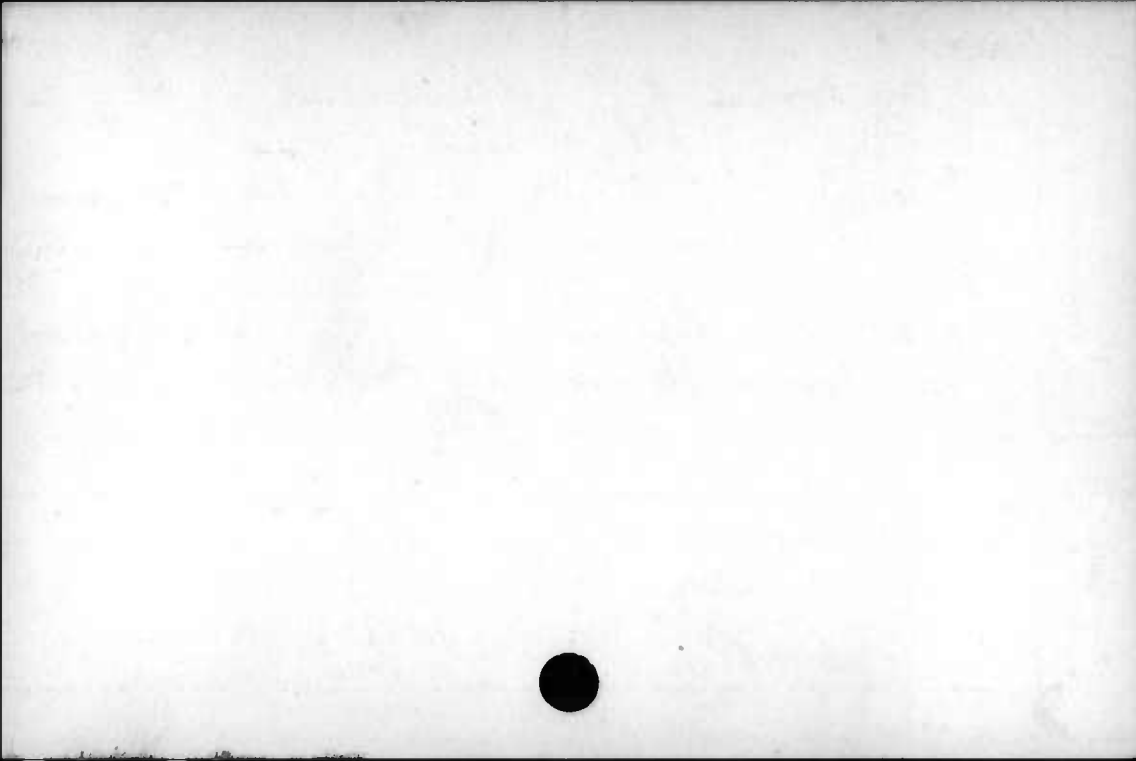
Died at		Town		County		MARYLAND	
Date of death 1907		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name		Mother's Maiden Name		Father's Birthplace		Mother's Birthplace	
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

47

PHYSICIAN  
OR CORONER

Primary	Inflammation of the lungs	How long	3 mos
Immediate	Acute Stomach Distention	How long	3 wks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Address			
Accident or Suicide?			



Name  
in  
Full

Infant of

Sharer

## CERTIFICATE OF DEATH

Died at

Cumberland

Town

Alleghany

County

MARYLAND

Date

of death 1907

Month

4

Day

22

Age

Years

Still

Months

Days

Sex

Male

Color or  
Race

white

Birth-  
place

Cumberland

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

W. A. Sharer

Father's  
Birthplace

Cumberland

Mother's  
Maiden Name

Grace Grubbs

Mother's  
Birthplace

Cumberland

Name of person giving  
In formation

Mrs Sharer

How related  
to deceased

Mother-in-law

## CAUSES OF DEATH

Primary

Still born

How long

Immediate

How long

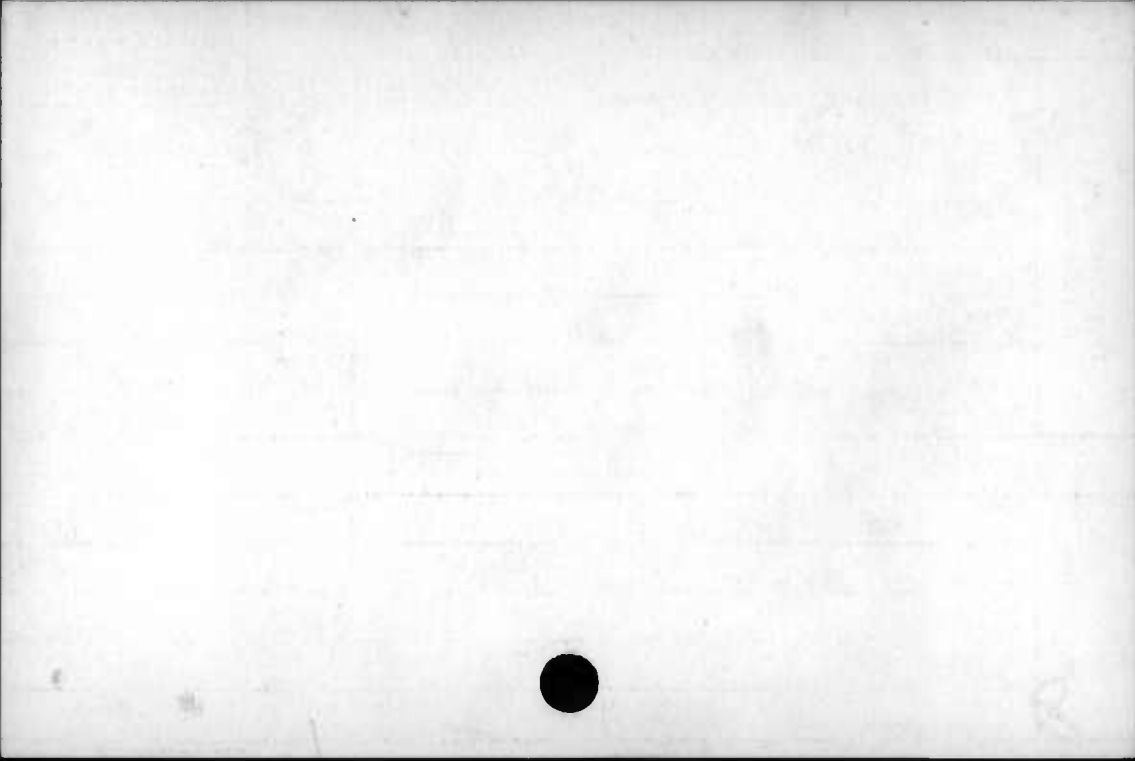
Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

J. M. Spear  
Cumberland~~Accident or Suicide?~~TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

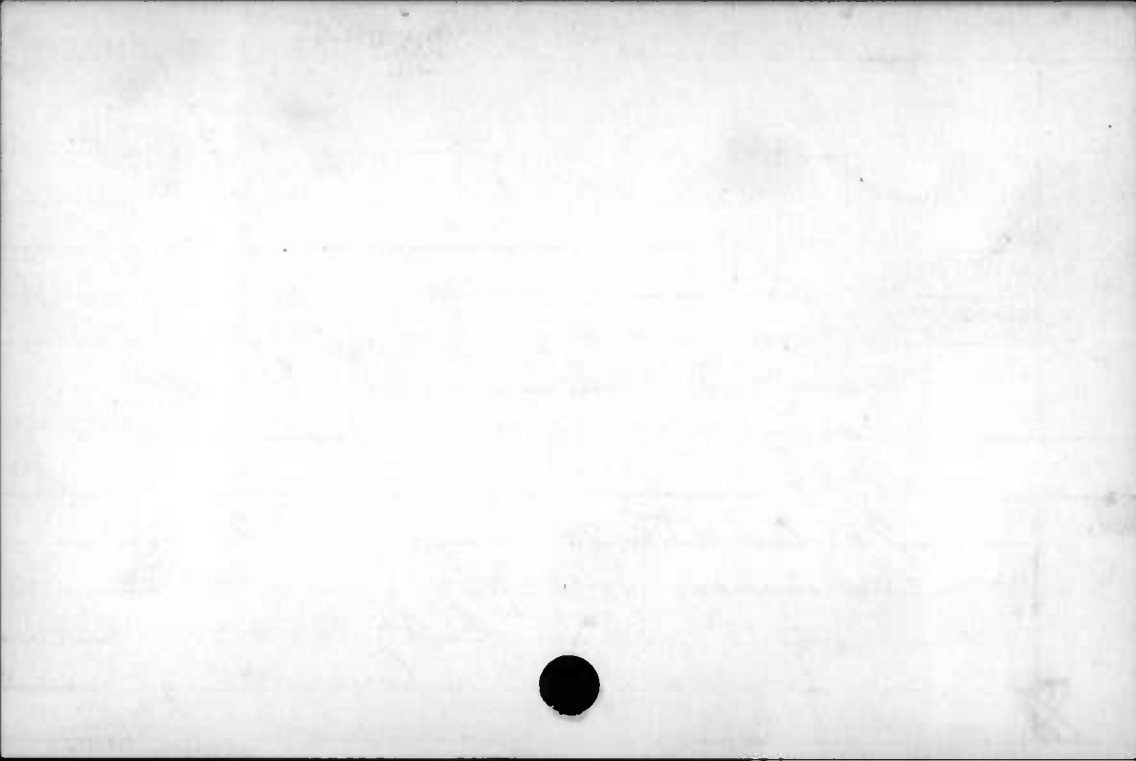
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cumberland</i>		Town <i>Alle</i>		County	
Date of death <i>1907</i>	Month <i>April</i>	Day <i>2</i>	Age	Years <i>6</i>	Months <i>6</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Md</i>			
Occupation <i>none</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Albert F. Shober</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Anna Breutzburg</i>	Mother's Birthplace <i>Md</i>				
Name of person giving information <i>Albert Shober</i>	How related to deceased <i>Father</i>				

## CAUSES OF DEATH

Primary <i>Meningitis</i>	How long <i>5 days</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. Jas. T. Johnson</i>
<i>Test.</i>	Address <i>Cumberland Md.</i>
Accident or Suicide?	

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

Thomas Charles Shroyer

Town

County

Died at

Cumbd

MARYLAND

Date

of death 1907

Month

apr

Day

12

Age

Years

—

Months

2

Days

—

Sex

Male

Color or  
Race

White

Birth-  
place

Cumbd

Occupation

—

Where Residing if not  
at place of death

—

Married, Single  
or Widowed

single

Name of Wife or  
Husband

—

Father's  
Name

Walter Shroyer

Father's  
Birthplace

Cumbd

Mother's  
Maiden Name

Ida Dodson

Mother's  
Birthplace

Cumbd

Name of person giving  
In formation

Ida Shroyer

How related  
to deceased

Mother.

## CAUSES OF DEATH

151

Primary

Inanition

How long

2 mos

Immediate

Exhaustion - Collapse

How long

12 hrs

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

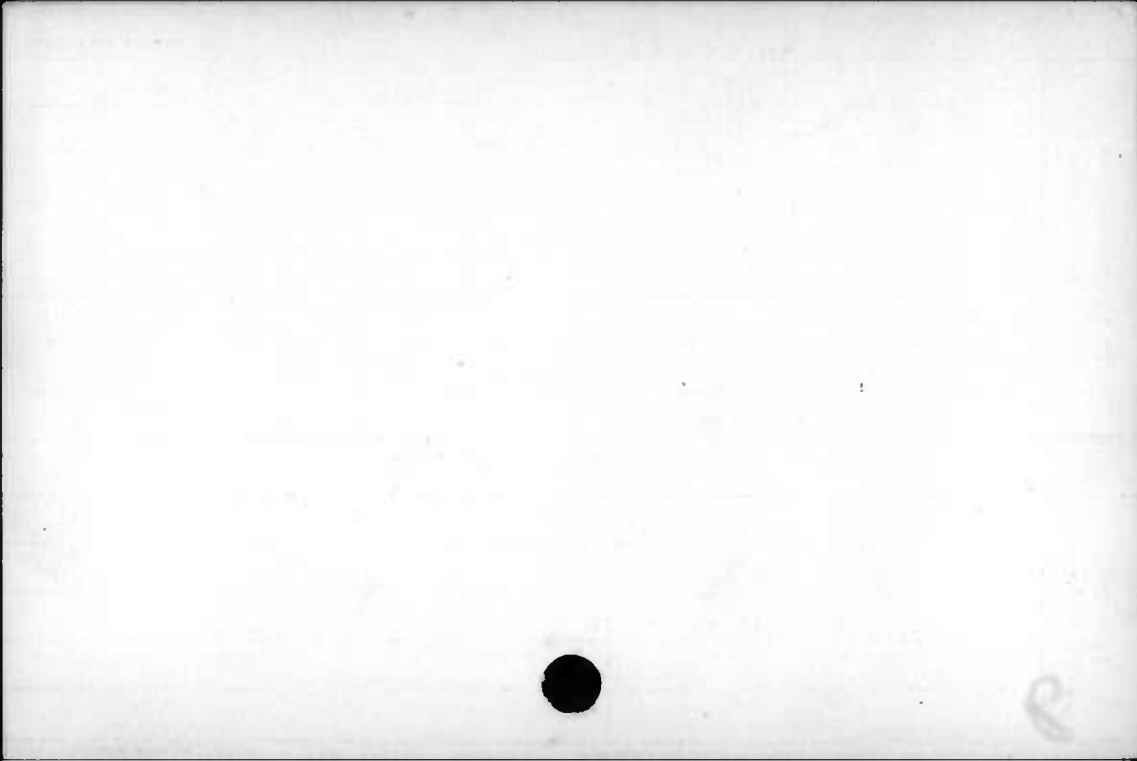
C. St. Brace

Address

Cumbd Ind

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



CERTIFICATE OF DEATH

*Issa A Stallings*

Town

County

Died at

*Spring Gap*

*Allegheny*

MARYLAND

Date

of death

190

Month

*Apr.*

Day

*8*

Year

*Age about 65*

Months

Days

Sex

*Female*

Color or Race

*White*

Birth-place

Occupation

*Housewife*

Where Residing if not at place of death

Married, Single or Widowed

*Married*

Name of Wife or Husband

*Norman A Stallings*

Father's Name

*Chas Twigg*

Father's Birthplace

*Alleg. Co.*

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

*O. Garland*

How related to deceased

*None*

CAUSES OF DEATH

Primary

*Tuberculosis*

How long

*4 yrs*

Immediate

*Exhaustion*

How long

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

*H. J. Twigg, Cambria, Pa.*

Address

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

Accident or Suicide

0/70/10/16

Apr. 1907

Name  
in  
Full

*Mecoli Stannemangh*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Sond - Woodland - Allyany* <sup>Town</sup> <sup>County</sup>  
 Date of death *1907* <sup>Month</sup> *April* <sup>Day</sup> *28* Age <sup>Years</sup> *2* <sup>Months</sup> *2* <sup>Days</sup> *—*  
 Sex *Male* Color or Race *White* Birth-place *Shamokin Pa.*  
 Occupation *— none* Where Residing if not at place of death *—*

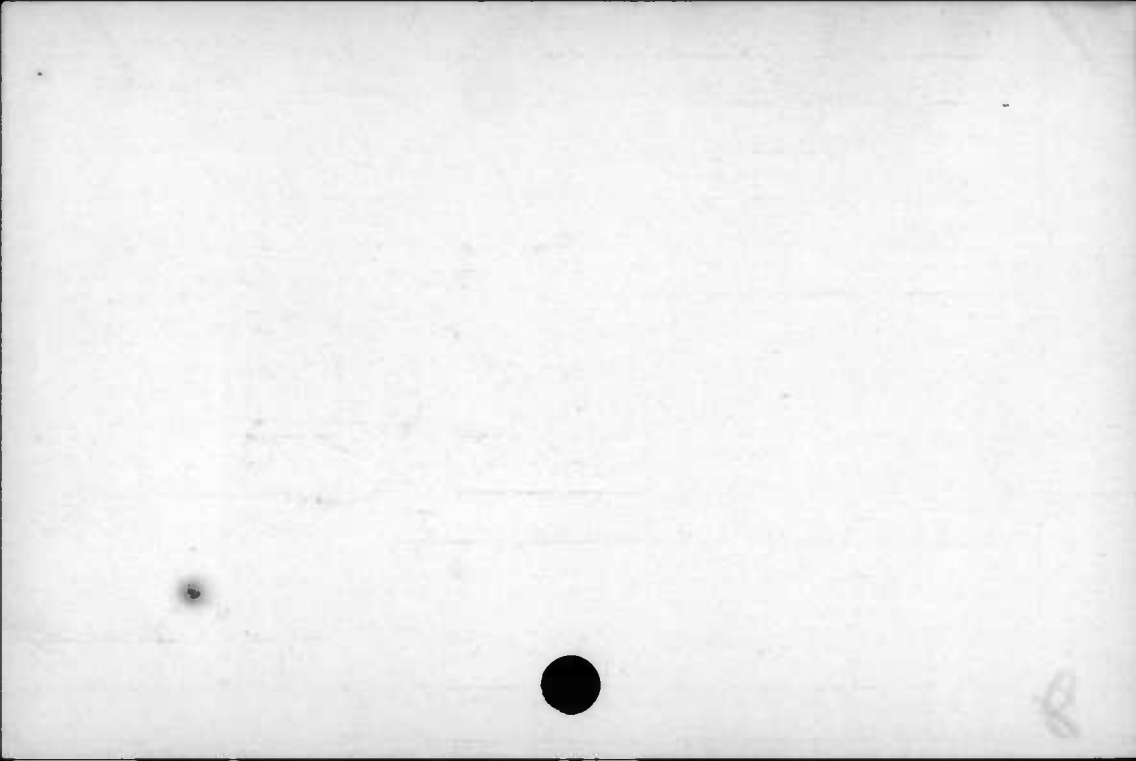
Married, Single or Widowed *Single* Name of Wife or Husband *—*  
 Father's Name *Metro Stannemangh* Father's Birthplace *Austria*  
 Mother's Maiden Name *Yale Mudrick* Mother's Birthplace *Austria*  
 Name of person giving information *Metro Stannemangh* How related to deceased *Father*

CAUSES OF DEATH

*179*

PHYSICIAN  
OR CORONER

Primary *Not been ill 6 hours - Had eaten fresh Bologna* <sup>How long</sup>  
 Immediate *Probably Plomian poisoning* <sup>How long</sup>  
 Are the name, age, sex, color, date and place correctly given above? *yes*  
 Signature of Physician *James O. Bullock M.D.*  
 Address *Sonacounty M.D.*  
 Accident or Suicide? *no*





Name  
in  
Full

Johnson Streckman

## CERTIFICATE OF DEATH

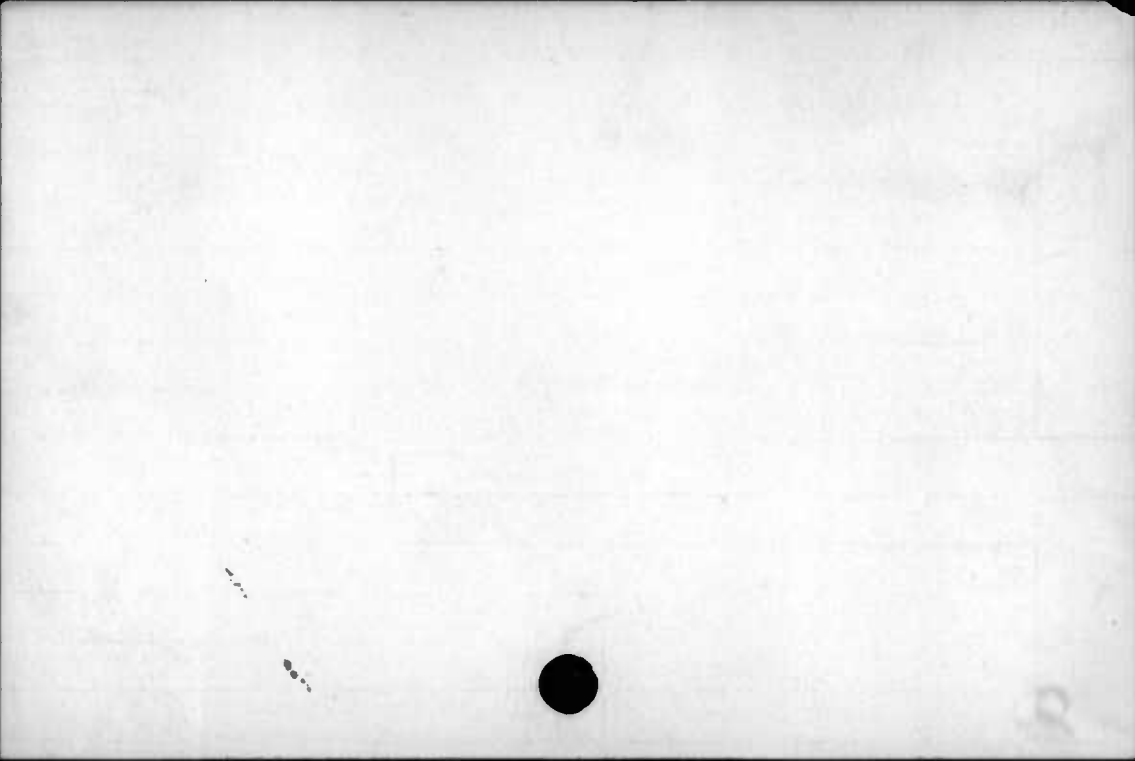
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Cumberland		County allgany		MARYLAND	
Date of death		Month 9	Day 5	Years 51	Months 11	Days 19	
Sex Male		Color or Race White		Birth- place Bedford Co			
Occupation Blacksmith		Where Residing if not at place of death Cumberland					
Married, Single or Widowed		Name of Wife or Husband Mary Streckman					
Father's Name Geo Streckman		Father's Birthplace Clearville Pa					
Mother's Maiden Name Unknown		Mother's Birthplace Unknown					
Name of person giving In formation Geo Streckman		How related to deceased 79					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cardiac Dilatation	How long	Two weeks
Immediate	Exhaustion	How long	Two days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Edward Harris, M.D.	
Address Cumberland		Maryland	
Accident or Suicide?		No	



Name  
in  
Full

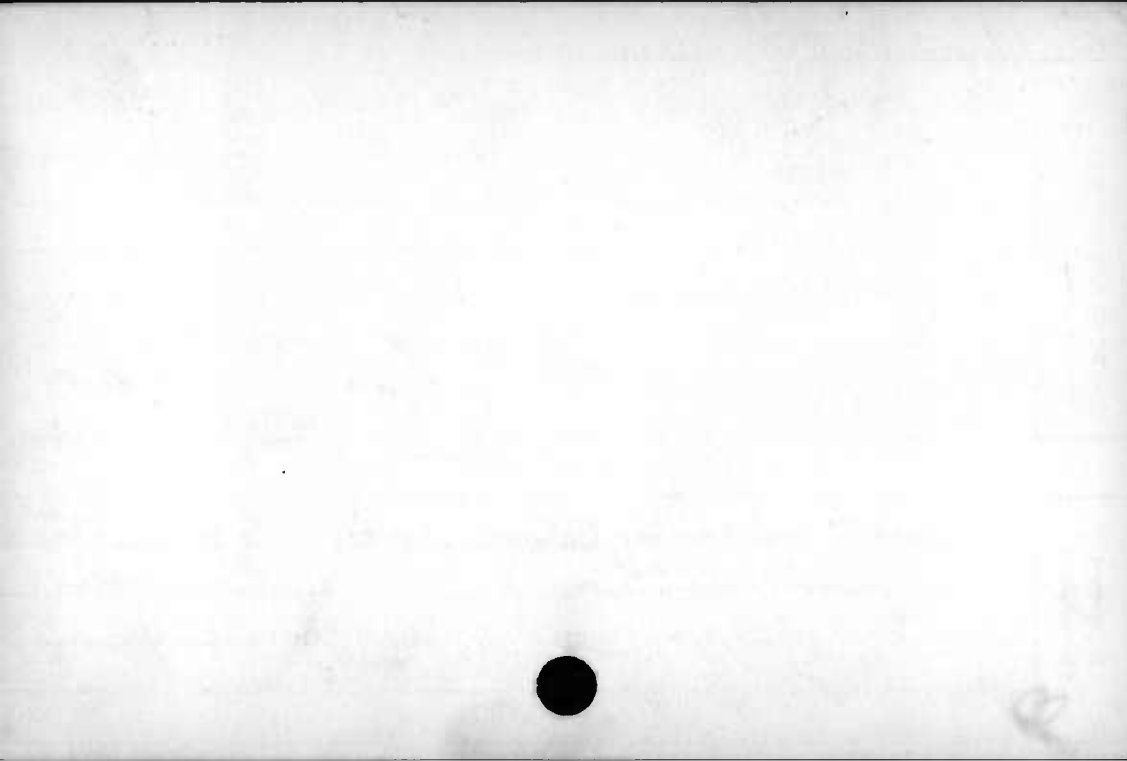
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Agnes Stegmeier</i>		Town <i>near Cumberland</i>		County <i>Alleghany</i>		State <i>MARYLAND</i>	
Died at <i>near Cumberland</i>		Month <i>Apr</i>		Day <i>12</i>		Years <i>15</i>	
Date of death <i>1907</i>		Months <i>11</i>		Days		Age <i>15</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>near Cumberland</i>			
Occupation <i>Student</i>		Where Residing if not at place of death <i>-</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>					
Father's Name <i>Leonard Stegmeier</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Bertine Heck</i>		Mother's Birthplace <i>Va</i>					
Name of person giving information <i>Leonard Stegmeier</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Typhoid Fever</i>	How long	<i>2 wks.</i>
	Immediate	<i>Exhaustion</i>	How long	
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. Thos. Koon</i>	
	Address <i>Cumberland</i>		Address <i>Me</i>	
Accident or Suicide? <i>stair</i>				



Name  
in  
Full

## CERTIFICATE OF DEATH

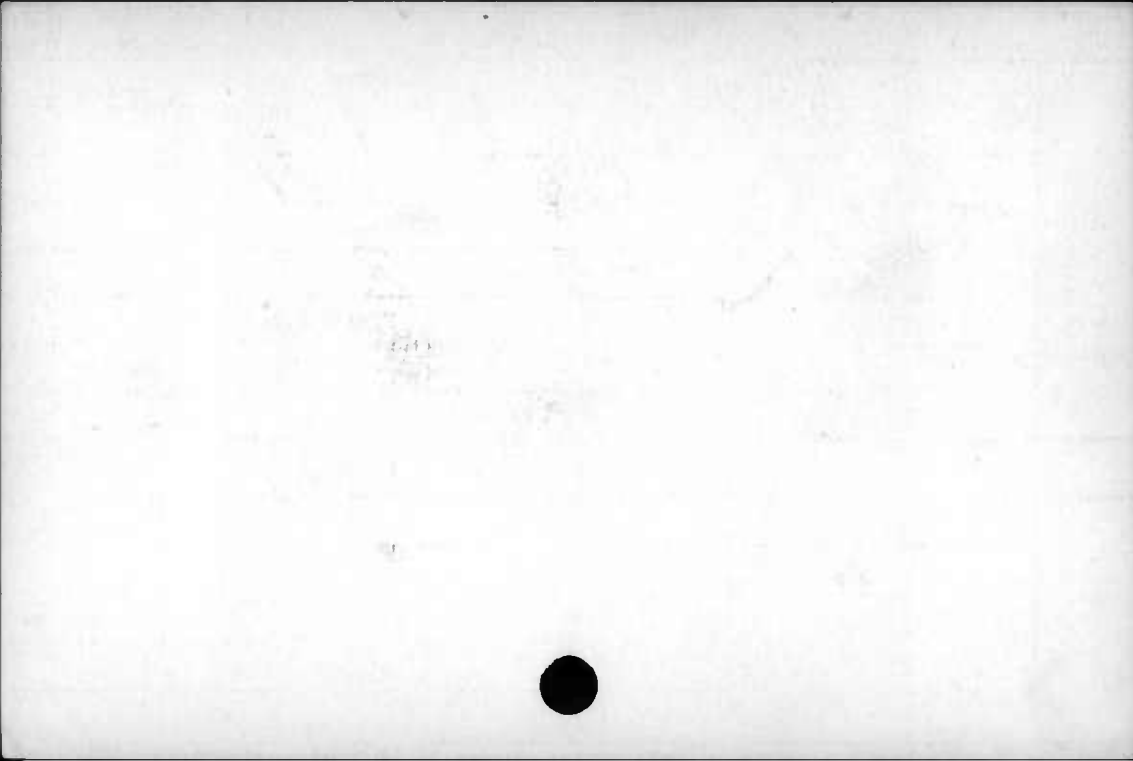
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Lanacoming</i>		County <i>Allegheny</i>		MAYLAND	
Date of death		Month <i>April</i>	Day <i>7</i>	Age <i>62</i>	Years	Months	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Scotland</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of <del>Wife</del> Husband <i>Robert Turnbull Sr</i>					
Father's Name <i>Thomas Dobson</i>		Father's Birthplace <i>Scotland</i>					
Mother's Maiden Name <i>Mary Patterson</i>		Mother's Birthplace <i>"</i>					
Name of person giving Information <i>Isaac Turnbull</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Cancer of Liver</i>	How long <i>Some months</i>
Immediate	<i>Cerebral hemorrhage</i>	How long <i>48 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>C. B. Skilling M.D.</i>
		Address <i>Lanacoming,</i>
Accident or Suicide? <i>No</i>		



Name  
in  
Full

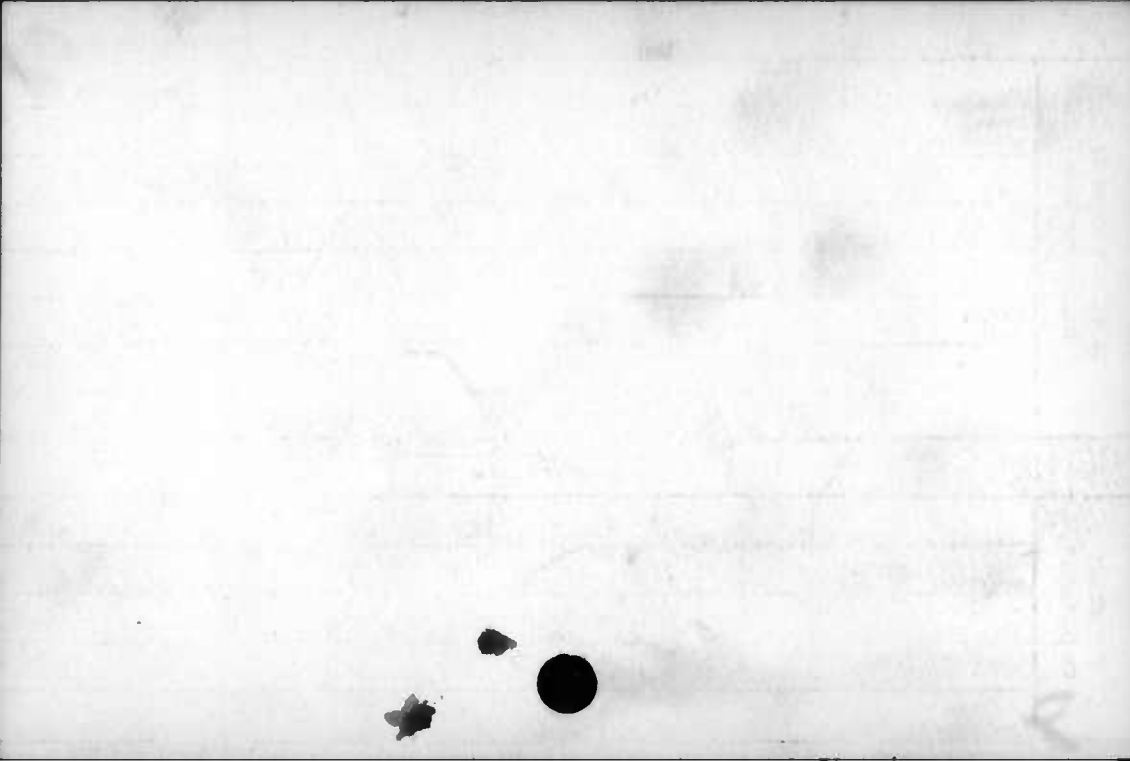
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Anna Timberlake</i>		Town <i>Burrill</i>		County <i>Allegany</i>		STATE <b>MARYLAND</b>	
Died at <i>Burrill</i>		Month <i>April</i>		Day <i>20</i>		Years <i>23</i>	
Date of death <i>1903</i>		Month <i>April</i>		Day <i>20</i>		Years <i>23</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Va</i>		Months _____	
Occupation <i>none</i>		Where Residing if not at place of death <i>none</i>		Days _____		_____	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>none</i>		Father's Birthplace <i>Dont know</i>		Mother's Birthplace <i>" "</i>	
Father's Name <i>Dont know</i>		Mother's Maiden Name <i>" "</i>		How related to deceased <i>none</i>		_____	
Name of person giving information <i>Rev. G. W. A. James</i>		CAUSES OF DEATH		27		_____	

PHYSICIAN  
OR CORONER

Primary <i>acute miliary tuberculosis</i>		How long <i>6 months</i>	
Immediate <i>heart failure</i>		How long <i>three weeks</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Sturgeon James</i>	
Address <i># 63 N. Mechanic</i>		_____	
Accident or Suicide? <i>no</i>		_____	





Name  
in  
Full

CERTIFICATE OF DEATH

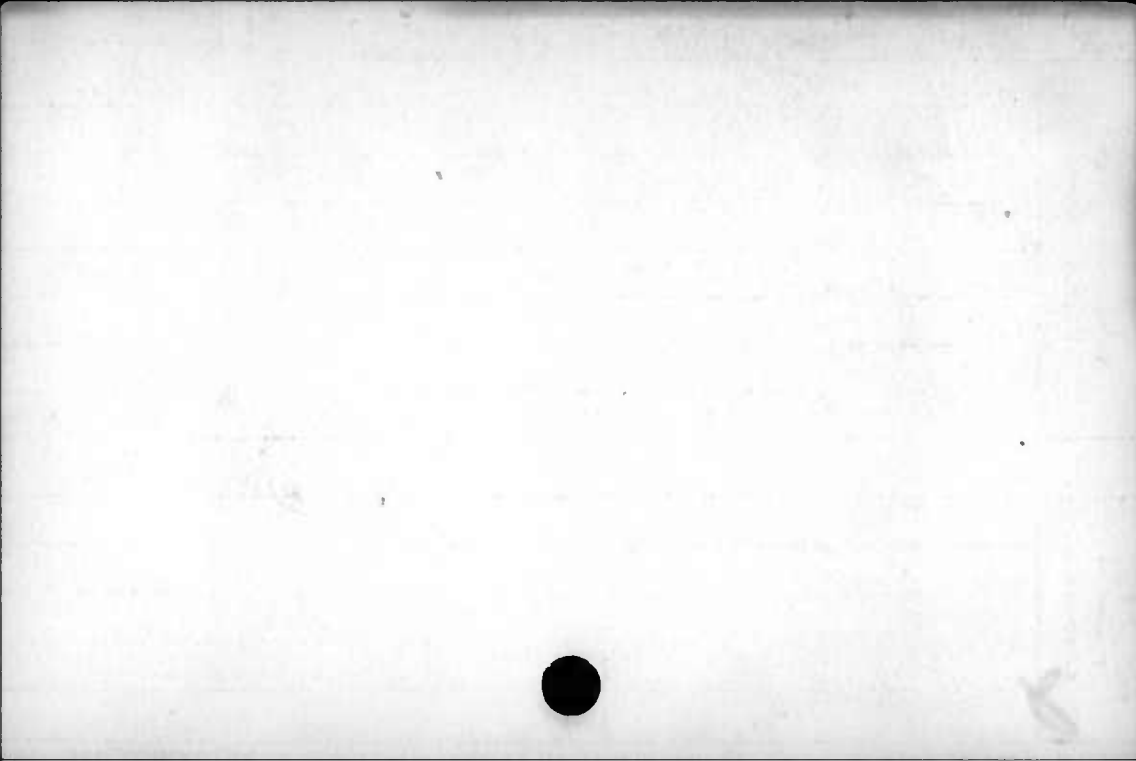
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mr. Thomas Pinnball</i>		Town <i>Laconing</i>		County <i>Alligany</i>		State <i>MARYLAND</i>	
Died at <i>Laconing</i>		Month <i>April</i>		Day <i>4</i>		Age <i>5-2</i>	
Date of death <i>1907</i>		Month <i>April</i>		Day <i>4</i>		Age <i>5-2</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth place <i>Frostburg</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>-</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Thomas Pinnball</i>					
Father's Name <i>James Thomas</i>		Father's Birthplace <i>Wales</i>					
Mother's Maiden Name <i>Elizabeth Jeffries</i>		Mother's Birthplace <i>Wales</i>					
Name of person giving information <i>Robt Pinnball Sr</i>		How related to deceased <i>Father in law</i>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary tuberculosis</i>	How long <i>Three months</i>
Immediate	<i>Cerebral hemorrhage</i>	How long <i>24 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. B. Skilling M.D.</i>
		Address <i>Laconing</i>
Accident or Suicide? <i>no</i>		



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Infant of Winton Muger

Died at Cumuld <sup>Town</sup> Allegany <sup>County</sup> MARYLAND

Date of death 1904 <sup>Month</sup> Apr. <sup>Day</sup> 6. <sup>Years</sup> — <sup>Months</sup> 7 wks. <sup>Days</sup> —

Sex Female Color or Race White Birth-place Cumuld.

Occupation — Where Residing if not at place of death —

Married, Single or Widowed Single. Name of Wife or Husband —

Father's Name Winton Muger Father's Birthplace W-Va.

Mother's Maiden Name Rebecca Brashears Mother's Birthplace Ind.

Name of person giving information Winton Muger How related to decedent Father.

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary Cause of Death Unknown

How long —

Immediate found dead in Bed

How long —

Are the name, age, sex, color, date and place correctly given above?

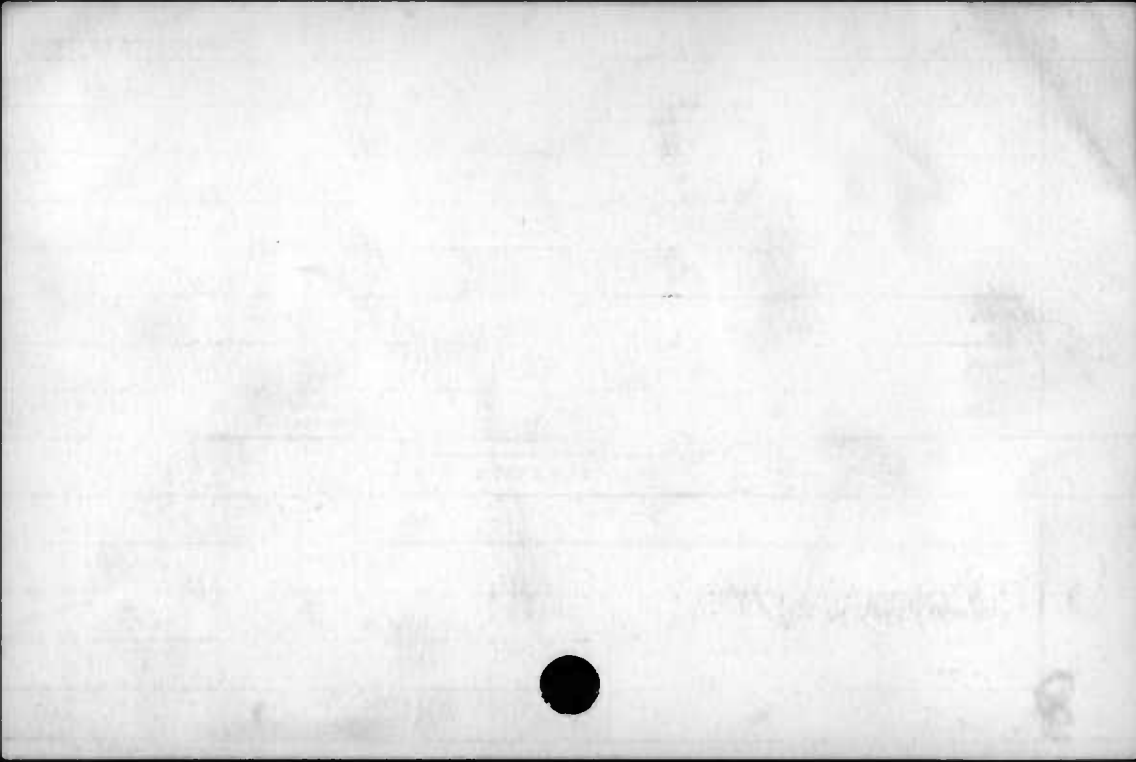
Signature of Physician

Address

Accident or Suicide?

Stam.

J. H. May, Coroner  
Cumuld Co.  
Ind.



Name  
in  
Full

Charles Wilson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Cumberland<sup>County</sup> Allen

Date of death 1907 April

Day 11

Age Years 4

Months 3

Days 18

Sex Male

Color or Race

White

Birth place

Md

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Char E Wilson

Father's Birthplace

W.Va

Mother's Maiden Name

Mamie B Hatting

Mother's Birthplace

W.Va

Name of person giving information

Father

How related to deceased

Father

## CAUSES OF DEATH

58

PHYSICIAN  
OR CORONER

Primary

Spontaneous Laryngitis + Oedema of Glottis

How long

1 1/2 days

Immediate

Ephraim

How long

1/2 day

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

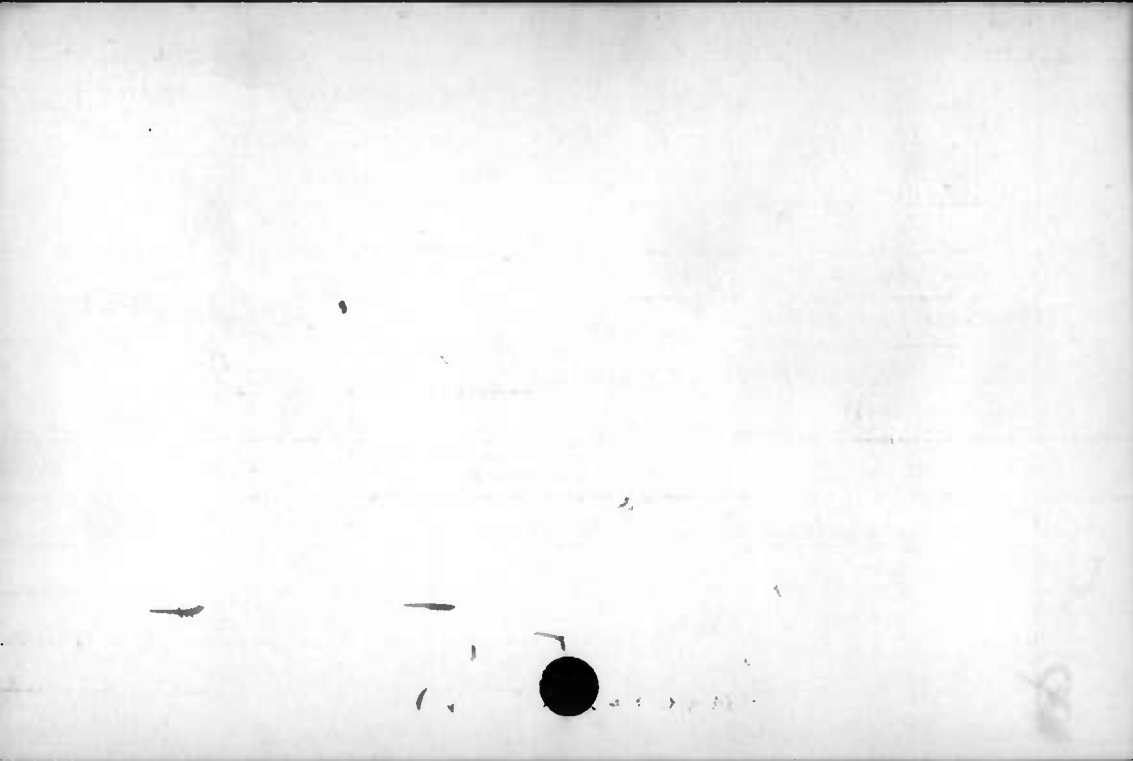
E. L. Broadbent, M.D.

Cumberland

Md

Accident or Suicide?

No



Name  
in  
Full

Infant of J. M. Wood.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

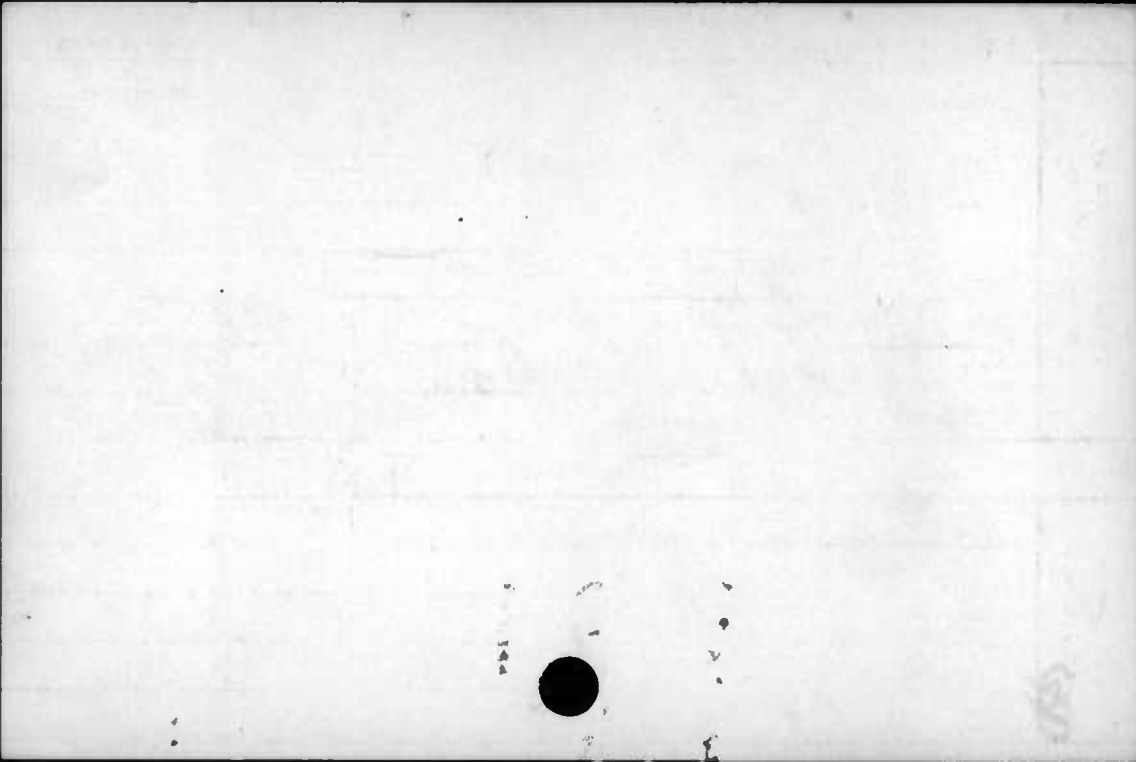
Died at		Town		County		MAYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907 Apr		6					
Sex	Human	Color or Race	White		Birth-place	Md	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
J. M. Hood							
Father's Name		Mother's Maiden Name		Father's Birthplace		Mother's Birthplace	
Margaret Radtke				H. J. a		H. J. a	
Name of person giving information				How signed to be released			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Immature Birth		How long	3 Mo
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
Yes		H. J. Turgay		
Address		Cumberland Md		
Accident or Suicide				

151





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Frank C. J. M. Hood*

Died at *Cumtrent* <sup>Town</sup> *Allegheny* <sup>County</sup>

Date of death *190* <sup>Month</sup> *2* <sup>Day</sup> *6* Age *—* <sup>Years</sup> *—* <sup>Months</sup> *—* <sup>Days</sup> *—*

Sex *Female* Color or Race *M* Birth-place *Md*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *J. M. Hood* Father's Birthplace *Md*

Mother's Maiden Name *Margaret Hayden* Mother's Birthplace *Md*

Name of person giving information *—* How related to deceased *—*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Myocardial Infarction* How long *3rd Mo*

Immediate *of heart* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *H. F. Targg*

Address *Cumtrent Md*

Accident or Suicide? *—*

